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THE UNIVERSITY OF ALBERTA

ORIENTATION OF BEGINNING NURSE EDUCATORS

by

JANICE L. SADOWNYK

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH

IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE

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ABSTRACT

This study was designed to examine the perceptions of nurse educators with regard to the ideal and actual emphasis on orientation needs of beginning nurse educators, the use of orientation practices in meeting these needs, the involvement of individuals in planning the orientation, and the length of orientation for beginning nurse educators.

A questionnaire was distributed to all full-time and part-time nurse educators in the four Alberta hospital based schools of nursing at the time of the study. The instrument was divided into six sections. Section I requested information on eight personal, professional and situational variables. Section II focused on orientation needs while sections III and IV dealt with orientation practices and individuals who may be involved in planning the orientation. Nurse educators were asked to indicate their opinions regarding the ideal and actual: emphasis on orientation needs; use of orientation practices; and involvement of individuals in planning the orientation. Section V asked participants to rate the current orientation program in their school of nursing and give their opinions regarding the ideal and actual length of orientation. Section VI invited nurse educators to comment on the study and/or questionnaire.

Frequency and percentage distributions were utilized to summarize the personal, professional and situational data. The data from Sections II, III and IV of the questionnaire were summarized using mean scores for the ideal and actual situation, differences between the mean

scores and ranking of these differences. *t* tests were used to determine if the differences between the ideal and actual situation were statistically significant. Data from Section V were summarized using frequency and percentage distributions. A brief summary of comments was included for Section VI. *t* and F tests were utilized to determine if any significant differences in opinion for Sections II, III, IV and V occurred among groups based on the personal, professional and situational variables from Section I.

Analysis of the data revealed that: all orientation needs, except informal communication patterns, should receive at least a moderate degree of emphasis in the orientation of beginning nurse educators; current orientation programs place less emphasis on all needs than that preferred; and differences in opinion regarding ideal and actual emphasis on orientation needs existed among groups based on major area of responsibility and school of nursing. Nurse educators indicated preference for use of a wide variety of orientation practices while current orientation programs use all practices moderately or less. Significant differences in opinion were found among groups based on school of nursing. Nurse educators indicated that immediate supervisors, experienced nurse educators and the beginning nurse educator should have the greatest involvement in planning the orientation. Current programs need to continue their involvement of immediate supervisors and increase the participation of other individuals. Differences in opinion were found among groups based on major area of responsibility and school of nursing. Seventy-nine percent of respondents rated the current orientation program in their school of nursing six or

less out of ten. It would appear that formal orientation should last four weeks with ongoing orientation lasting between five and sixteen weeks. In reality formal and ongoing orientation last one to four weeks. Differences in opinion regarding the length of orientation existed among groups based on school of nursing.

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CHAPTER I

STATEMENT OF THE PROBLEM AND ITS SIGNIFICANCE

INTRODUCTION

The adoption of a second profession, education, by the professional nurse is a major source of internal conflict for the new faculty member (O'Connor, 1978). The initial difficulty occurs with the realization that expertise in the practice of nursing does not necessarily ensure expertise in teaching nursing. The new faculty members must establish a view of themselves as teachers, nurses, or a blend of both, and determine which behaviors are appropriate for each role in the situations they face.

Nursing faculty have experienced initial socialization into the nursing profession through formal education programs and entry into the work setting. Taking on the role of nurse educator involves a change in focus from that of direct service to the consumer of health care to a role where service is rendered indirectly through the student (Given, 1975). This can lead to a conflict of priorities for nurse educators - are they nurses, educators or a blend of both; is the patient or student their priority; and which standards do they subscribe to - education or nursing practice (Given, 1975; Shea, 1975).

Mauksch (1982) differentiates between the socialization and orientation of nurse educators. Socialization is described as a continuous, deliberate and planned process geared to the adoption of a previously described role. It is both a learning and a social process

and results in the internalization of the norms of the new role into the individual's value system. Orientation programs tend to be brief, well planned and are the process individuals are exposed to when they first join an organization. The orientation program is usually the beginning of the socialization process.

The role of nurse educator is complex and may or may not be addressed in formal preparation programs (Mauksch, 1982). This is especially true in Alberta where nurse educators continue to work in a variety of hospital, college and university settings which place unique demands on role incumbents. The transfer of all nursing education programs to the Department of Advanced Education in April, 1982 may have some future implications for the role of nurse educator, however, a study to determine the current orientation needs of beginning nurse educators and the practices which may meet these needs seems long overdue.

THE PROBLEM

The purpose of this study is to examine the perceptions of nurse educators with regard to the orientation needs of beginning nurse educators, the effectiveness of current orientation programs in meeting these needs, and the orientation practices which may be useful in meeting these needs. The specific subproblems of the study may be stated as follows.

1. What are nurse educators' opinions regarding the ideal and actual emphasis on orientation needs of beginning nurse educators?

2. How do the personal, professional and situational variables relate to nurse educators' opinions regarding ideal and actual emphasis on orientation needs of beginning nurse educators?

3. What are nurse educators' opinions regarding the ideal and actual use of orientation practices in the orientation of beginning nurse educators?

4. How do the personal, professional and situational variables relate to nurse educators' opinions regarding ideal and actual use of orientation practices?

5. What are the opinions of nurse educators regarding the ideal and actual involvement of specified individuals in planning the orientation?

6. How do the personal, professional and situational variables relate to nurse educators' opinions regarding the ideal and actual involvement of individuals in planning the orientation of beginning nurse educators?

7. What are nurse educators' opinions regarding the ideal and actual length of the orientation for beginning nurse educators?

8. How do the personal, professional and situational variables relate to nurse educators' opinions regarding the ideal and actual length of orientation for beginning nurse educators?

IMPORTANCE OF THE STUDY

The study should have value in that it will add to the limited amount of information available on the orientation of nurse educators.

The results of the study should be of interest to those employing nurse educators in that it identifies the orientation needs of beginning nurse educators as well as the orientation practices which may best meet these needs. The study also provides information on the skills and information perceived to be important for effective performance as a nurse educator. This information may be useful in: formulating job descriptions for nurse educators; recruitment and orientation of new faculty members; and evaluation of those already employed as nurse educators.

The results of this study may also be of interest to those involved in providing formal education progams for prospective nurse educators. The information regarding the needs of beginning nurse educators may indicate areas requiring attention in formal preparation programs. In addition, the study will allow some comparisons to be made between preparation and orientation programs for new teachers in general education and those for nurse educators.

Finally, the study will add to the limited information available on the role of the nurse educator and socialization to this role. Since this study is intended to address only the orientation phase of the socialization process, the findings may stimulate further research in this area.

DEFINITION OF TERMS

Beginning nurse educator is an individual with no previous teaching experience in a school of nursing.

Orientation refers to the process by which newly appointed personnel are assisted in meeting their needs for security, belonging, status, information and direction in both the position and organizational environment (Castetter, 1976). It is generally brief, well planned and can be considered the beginning of the socialization process (Mauksch, 1982; Glueck, 1979).

ASSUMPTIONS, DELIMITATIONS, AND LIMITATIONS

Assumptions

The basic theoretical assumption is that orientation programs will assist in the transition from nurse to nurse educator. In addition, it is assumed that those individuals currently employed as nurse educators have significant opinions regarding the orientation needs of beginning nurse educators and the practices which may best meet them. It is also assumed that nurse educators are familiar with the current orientation program in their school of nursing.

Delimitations

This study was delimited to nurse educators employed in the four Alberta hospital based schools of nursing at the time of the study. The study did not allow the opinions of the participants to be compared to nursing staff, students, or others who may be involved with the beginning nurse educator.

Limitations

The study was limited by the lack of theory and research relating to the orientation of beginning nurse educators. In addition,

most of the available literature was directed at those employed as faculty members in a university setting and may not be relevant to a hospital based school of nursing.

The instrument used in the study did not allow participants to make a "don't know" response to any item but required that an opinion be given for each item.

Finally, generalizing from the findings of this particular study to other populations should be done with care, if at all. The presence of other variables in other populations may result in significantly different findings and conclusions.

ORGANIZATION OF THE REMAINDER OF THE THESIS

The following chapter provides an overview of the literature and research related to the problem which has been delineated. Chapter III discusses the development of the instrument utilized in the study and provides a description of it. The procedures for collecting and analyzing data are presented as well as a description of the nurse educators participating in the study.

Chapter IV contains a discussion of the findings of data analysis related to the orientation needs of beginning nurse educators. Chapter V presents and discusses the findings of data analysis related to orientation programs. The final chapter provides the summary, conclusions and implications of the study.

CHAPTER II

REVIEW OF THE RELATED LITERATURE AND RESEARCH

Mauksch (1982) and Conway and Glass (1978) attribute the attainment of the nurse educator identity to the socialization process. According to Conway and Glass (1978), neophyte faculty "who possess the potential for achieving success should be given the guidance and support necessary to enable them to fulfill that potential" (p. 425).

Brim (1966) outlines three requirements that an individual must possess prior to performing satisfactorily in any role. These include: knowledge of what is expected of him (both in behavior and in values); the ability to meet role requirements; and the motivation to practice the behavior and pursue appropriate ends. More specifically, the socialization process must impart the skills, knowledge, and role expectations required of the new incumbent (Brief et al., 1979).

Nurse educators have experienced initial socialization into the profession of nursing through formal education programs and entry into the work setting. Socialization/resocialization is a process which must occur and recur throughout a career at any point where an individual changes their career goals, career status or work setting, as role expectations will also change (Schein, 1971; Woolley, 1978). Mauksch (1982) recognizes that socialization to the role of nurse educator must occur over time and generally begins with the prescribed orientation program. Several issues arise related to the specifics of this process. These include concerns related to: the role of the nurse

educators; preparation for the role; the purposes and goals of orientation programs; orientation needs of beginning teachers; the specific orientation needs of beginning nurse educators; and orientation practices and their effectiveness.

THE ROLE OF THE NURSE EDUCATOR

Heidgerkin (1965) states that defining the role of the nurse educator is difficult:

> The role function cannot be defined precisely, definite limits cannot be fixed, constituent processes are not analyzable to the last detail. For teaching is never mastered; its foundations of knowledge keep growing, and new demands and responsibilities are constantly being added (p. 33).

Chesner (1977) recognizes that the role of the nurse educator is one that evolves with experience and is constantly changing. The faculty members must continuously redefine their roles in view of current trends in education, changes in science and technology, and new teaching methods. Nurse educators must first look at themselves as individuals, social beings and members of society and define their roles in view of the organizational frameworks in which they are employed.

Hipps (1978) believes that faculty members are coming to view themselves as practitioners of three professions and methodologies. She states that:

> Nursing educators must be skilled in three disciplines and methodologies - the academic discipline of nursing, the actual practice of nursing, and the teaching of both of these. Knowledge and skill in one are of little value without knowledge and skill in the other two (p. 693).

Wilson (1962) identifies three main areas of responsibility for educators in a professional school:

> First, teachers direct students in their learning of the specific knowledge and skills necessary to develop expertise and competence in a set of clearly defined tasks. Second, the educator provides the neophyte with the circumscribed standards and ethical code designed to regulate actions with clients. Finally, the educator assists the aspiring practitioner to work out an orientation to both the professional group and other professions (p. 11).

Several authors (Mullane, 1977; Collison and Parsons, 1980; Armiger, 1974; Williamson, 1976; Schlotfeldt, 1976) perceive the role of the nurse educator to be no different than that of university faculty members in general - teaching, research, and community service. While this is generally accepted, Armiger (1974) elaborates by stating that:

> Nursing education has won admission to academe but, for full acceptance, its professors must meet the same expectations for scholarly productivity, especially with respect to research and publications, as their colleagues in other disciplines (p. 160).

Williamson (1976) recognizes that many of the problems faced by the nurse educator are "due to the new and conflicting role expectations of a multifaceted academic career" (p. 81).

Solomons et al. (1980) conducted a study at the University of Iowa to determine the time utilization of nurse educators employed there. The findings of the study indicated that teaching was the major faculty activity (37.3 hours), followed by professional growth (8.0 hours), service (4.8 hours) and scholarly productivity (3.4 hours) respectively.

Other authors have attempted to outline the role of the nurse educator more specifically. Rauen (1974) indicates "that the clinical instructor in nursing fulfills three main roles - person, nurse, and teacher" (p. 33). Mauksch (1980) identifies five main roles - teacher, counsellor, clinician, consultant and researcher - although she reports

that in her experience a majority of faculty members perform only some of these role functions. Later work by Mauksch (1982) separates the role of the nurse faculty member into three components:

1. Principal or primary roles: teacher, researcher, clinician, mentor-counsellor, consultant.
2. Peripheral role components: campus citizen, community person, member of the profession.
3. Personal-competitive role components: member of a family, guardian of personal health and perceiver of personal needs, pursuer of personal career goals (p. 8).

Dixon (1977) divides the role of the nurse educator into two broad categories: the teaching-instructor role or the central role function; and the variety of nonteaching functions with which the teacher is involved. The teaching-instructor role, which may be further subdivided into classroom and clinical settings, generally involves the planning and organizing of courses. This includes: selection of objectives; organizing content; teaching and learning activities; and correlation with other courses in the curriculum. Nonteaching functions are more varied, may be formal or informal, and include: nurse; class advisor; committee member; course leader/coordinator; friend; peer; and counsellor.

Collison and Parsons (1980) promote nursing practice as a viable role for nurse educators. Faculty practice may be defined broadly to include the "selected care faculty members carry out while in the clinical area with students" (p. 677) or more narrowly as faculty members giving "total patient care to clients under a variety of clinical practice arrangements" (p. 677). This role is supported by Mauksch (1980) who suggests that the absence of practicing faculty creates problems such as: lack of respect by other health care

professionals; poor communication with students; and lack of realism in the classroom. Williamson (1976) disagrees with this point of view and states:

> that nurse educators have to stop feeling guilty about their lack of direct involvement in practice and should not be called upon to defend it. In no way can one person meet the demands of an academic position and fulfill adequately the obligations of a practitioner commitment. We cannot have the best of both worlds (p. 84).

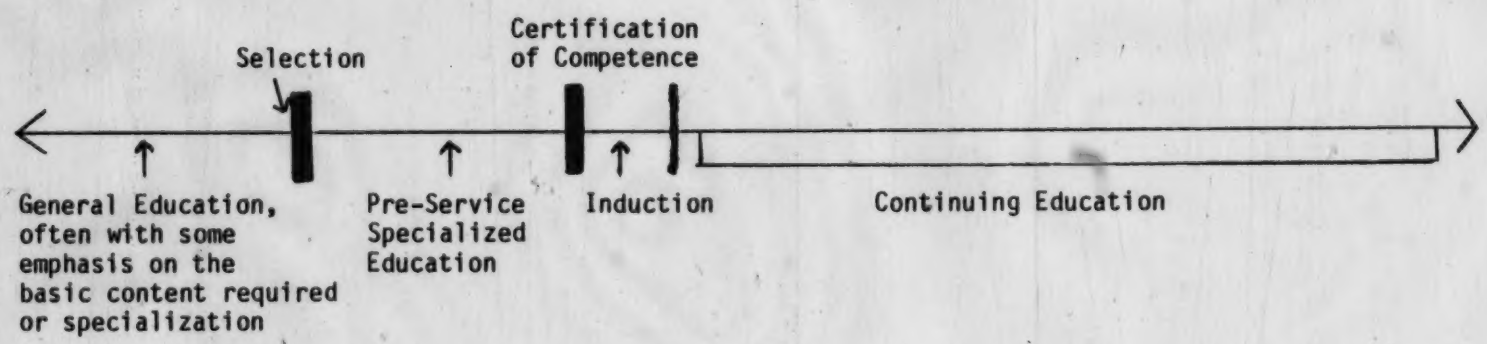
The role of the nurse educator appears to be very complex. Teaching seems to be the central role function as well as primary responsibility for the socialization of students entering the profession of nursing. The nonteaching functions are more diverse and are related to the institutional setting in which the nurse educator is employed.

PREPARATION FOR THE ROLE OF NURSE EDUCATOR

The Established Pattern of Professional Education

Houle (1980) describes the established pattern of professional education (Figure 1). At some time in youth a choice of occupation is made and formal education begins. Specialized study is often prefaced by years of basic education which establish broad foundations of knowledge. The formal preparation process is usually reinforced by a differentiated lifestyle which separates the individual from the general public and gives them a distinctive point of view. The end of the formal period of study and the reorientation of values is marked by the initial judgment of the competence of the individual which is made by those who have guided them and the organized profession, the state,

FIGURE 1: The Classic Model of Professional Education (Houle, 1980:4)



or both. This is followed by formal or informal practice of recently learned skills.

Schein (1972) states that the criticism of the professions and professional education tend to be the same and arise from the perspective of society, the professions themselves or from students entering the profession. He summarizes the criticism as follows: overspecialization; rigid educational programs; rigid entry requirements; lack of innovation; unresponsive to client needs; members unable to function in conjunction with other professionals; lack of managerial training; and underutilization of the applied behavioral sciences.

Gartner (1976) supports the above concerns. The issue is how to make the preparation of human service practitioners most effective. This involves concerns which are internal to professional preparation such as: content; faculty; teaching methods; the relationship of theory to practice; and the place of training. It also involves concerns which are external, that is: who is admitted for preparation; at what point in their lives; according to what standards; and how the preparation is related to professional practice as well as to larger societal demands.

An Emerging Pattern of Professional Education

Houle (1980) recognizes that many professionals spend their entire work life in the same kind of settings in which they began their work, the only changes resulting from advancements in seniority and possibly status. Many other professionals experience shifts in their career lines as a result of: changes in employer; upward movements in

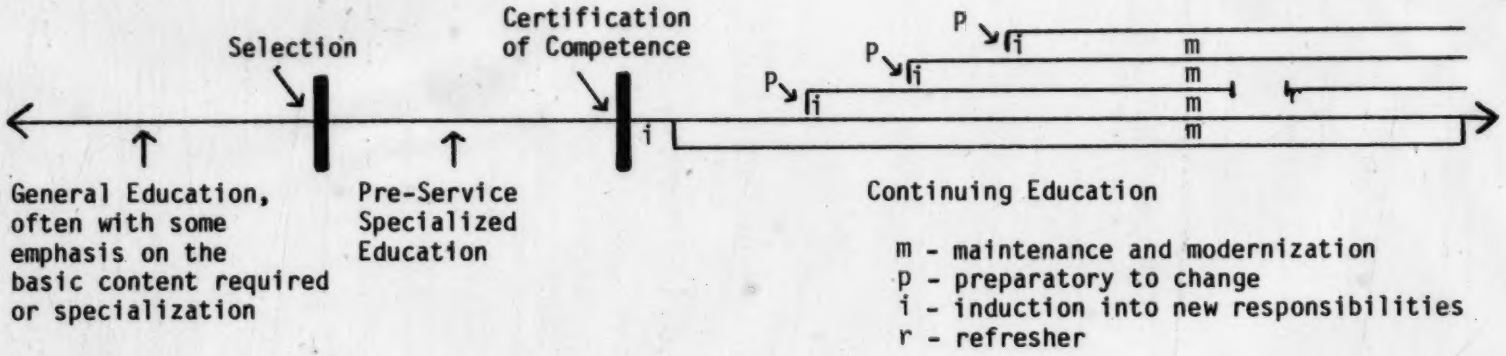
a hierarchy; changes in generalist versus specialist focus; changes in function; changes in career setting; or changes in specialization. Any shift in career line provides an incentive for formal or informal continuing education to which the individual professional must respond. The need to adjust to change is particularly acute when the move is from one kind of work setting to another or when the professional leaves active practice to become a facilitator. In the latter instance, they must learn to stimulate and support the efforts of those serving the clients rather than provide the service directly.

Houle (1980) recognizes that the prevalence of change in the worklife of professionals suggests the need for revision of the classic model of professional eduation. He outlines an emerging model (Figure II) that encompasses the classic model to allow for those professionals who remain in the same position throughout their careers. Continuing education for these individuals is solely the maintenance and modernization of their basic professional abilities. This form of continuing education is also necessary for professionals who change career lines, however, preparatory, induction and refresher training are also necessary and should have distinctive goals and purposes.

The Socialization Process

Socialization can be defined as the process by which persons acquire the knowledge, skills and dispositions that make them able members of their society (Brim, 1966). This process is continuous throughout the life cycle as the socialization experiences of childhood cannot prepare individuals for all of the roles they will fill in their lives.

FIGURE 2: An Emerging Model of Professional Education (Houle, 1980:106)



Childhood versus adult socialization. Brim (1966) contrasts childhood and adult socialization. The purpose of childhood socialization is to develop the personality and provide the child with a sense of identity. It is characterized as elaborative, additive and role general. Children are required to adopt the role of the learner formally and socialization occurs in settings where the learner is acted upon and is dependent.

Adult socialization focuses on the learning of specific behaviors and involves conflict between previously learned responses and new requirements or expectations. Mediating this conflict can be seen as the major purpose of adult socialization. It is characterized as being role specific. Adults being socialized are not required to adopt the learner role and there is generally not a great power differential between those being socialized and those socializing them.

Professional socialization. Professional socialization can be viewed as a distinct type of socialization which contains elements of both childhood and adult socialization yet is identical to neither (Olmstead and Paget, 1969). In the initial professionalization experience, individuals learn the cultural context of a new role and acquire a degree of identification with it (Simpson, 1967). The cultural context of the role refers to the skills, required knowledge, values and behavioral modes associated with the role. The primary goal of professional training is to inculcate students to the behaviors, and more importantly, to the norms and values necessary for the survival of the occupation (Kramer, 1974).

According to Jacox (1973):

> Professional socialization is the process by which a person acquires the knowledge, skills and sense of occupational identity characteristic of a professional. The process involves the internalization of the values and norms of a professional group into one's own behavior and self-conception. It is important to recognize that professional socialization does not begin with entry into a professional school, but has its roots in the earlier experiences of the person which result in the decision to join a particular occupational group (p. 6).

Initial socialization into nursing. Given (1975) identifies two major purposes of professional education in nursing. These are the study of knowledge and skills requisite to the practice of nursing and the development of a professional self-concept. The professional self-concept is that set of attitudes, values and behaviors that guide interaction with clients, colleagues and members of other professions and paraprofessions.

Allutto et al. (1971) recognize that a critical assumption underlying all of the characteristics attributed to the behavior and status of professionals is that each member has been suitably socialized with respect to both the technical and procedural expertise and the normative or prescriptive principles of the professional culture. It is assumed that all neophytes receive similar types of training and are capable of favorable integration into the professional and associated occupational roles. In professional nursing, there are a number of different socialization practices - a two year associate degree program, a three year hospital based diploma program, a four to five year baccalaureate program - which differ in length, content and format. This research indicates that differences do exist between the

graduates of the various programs in terms of personality characteristics but not in terms of commitment to nursing, employing organizations and clinical specialities.

Estok (1979) indicates that socialization for professional nursing should be at the baccalaureate level of education and should occur in an institution of higher learning. Brief et al. (1979) also states that the baccalaureate degree is usually associated with the most professional level of nursing. It is presumed that the various educational tracks in nursing comprise distinct socialization processes that lead to different role conceptualizations.

Kramer (1974) further analyzes the socialization of nursing students. Student nurses are provided with a core of shoulds and should nots based on the faculty beliefs. These attitudes, values and norms are role general and are learned in settings where the student is required to formally adopt the learner role. Kramer concludes that in nursing education there is an increasing disparity between the values taught in school and those required in the work setting. She suggests that what is needed is an anticipatory socialization program which emphasizes role general behaviors and values but also focuses on role specific behaviors of adaptation, conflict management and influencing which would better prepare the new graduate to enter the work setting.

Reasons for Becoming a Nurse Educator

Batey (1969) recognizes that regardless of the educational track through which a "nursing identity was acquired, the majority of nurses elected to study nursing because of a strong humanitarian value system directing them toward helping others" (p. 13).

This orientation is strengthened from the first clinical experience in which the student nurse learns the norms requisite to behavior in a hospital. Batey (1969) states that the motivation of nurses to prepare for faculty positions in universities is diverse but that for a large proportion it is likely an extension of that original humanitarian value. She states that:

> whatever the primary motivation when a nurse seeks prepartion as a faculty member, her view of appropriate professional behavior and the rewards for this behavior are at this time likely to be those inculcated in her through the hospital reward system (p. 14).

In the absence of formal socialization to the role of nurse educator, many will continue to function according to the norms of the nurse in the hospital.

Passos (1977) recognizes as a myth the fact that individuals choose to qualify for faculty positions due to the intellectual challenge of the nurse educator role. Research (Kramer, 1974; Mereness, 1975) indicates that this change in vocation may actually represent a way to remove themselves from the conflict experienced in the real world of nursing. Heidgerkin (1970) had previously found that scholarship was not ranked high in the work values of educators, rather they indicated preference for flexible hours, motivating others to learn, independence, increasing own knowledge, and advancing the profession of nursing.

Shea (1975) summarizes by stating that whatever the reasons for choosing to become a nurse educator, these reasons are part of the teachers' value system and will be reflected in their behavior with students.

Educational Preparation for the Role of Nurse Educator

Ideally, nurse educators should be prepared at the graduate level. Batey (1969) states that a masters degree is the minimal qualification required for a faculty appointment. This will provide the potential faculty member with some of the tools required for teaching and research, however, it will not teach her the behavior expected of a faculty member in a university. Conway and Glass (1978) agree that graduate education "does not provide enough opportunities to acquire values and behaviors associated with the role of the university professor" (p. 427).

Palmer (1970) recognizes that nurse educators must legitimize themselves as members of the university faculty by obtaining an earned doctorate, conducting research, and publishing their findings. She further states that it "seems logical to expect a direct relationship to exist between the quality of the preparation of the educator and the quality of the educational experience which students receive" (p. 126).

Fitzpatrick and Heller (1980) describe the evolution of graduate education in nursing. During the fifties and early sixties the emphasis was on preparation for functional roles (teaching and administration) whereas the focus has since shifted to preparation for clinical specialization. This has led to the employment of clinicians as nurse educators and a lack of the requisite knowledge and skills of higher education. Fitzpatrick and Heller (1980) conclude by stating that the relationship between clinical and functional preparation is critical and requires re-examination. "The focus of graduate education

in nursing should never have become an 'either-or' situation . . . Nursing must strike a balance between clinical and functional preparation" (p. 383).

Donley et al. (1973) share the concern of Fitzpatrick and Heller. A survey of nurses with masters degrees in clinical nursing was undertaken and found that sixty percent of respondents preferred a program with functional as well as clinical preparation. Respondents employed as teachers gave high ratings to program content related to:

> curriculum development and theory, evaluation of student performance, evaluation of nursing practice, learning theory, philosophy and objectives, psychology of the learner, student-faculty relationships, teaching methods, tests and measurements, and theories of change (p. 649).

McKay (1971) recognizes that future faculty members prepared at the graduate level must be assisted to see the relationship of their specialized knowledge to nursing in general. She further recommends that graduate nursing students take a course in curriculum and teaching in nursing. While an essential qualification for a faculty position is knowledge of the subject material, the question as to whether this is a sufficient qualification must be addressed. In addition:

> If the range of leadership roles in nursing, clinical specialization, teaching, supervision, and administration includes instructional responsibilities, it is strongly recommended that this content be available in the graduate programs which prepare individuals for these roles (p. 16).

Rauen (1974) suggests that the role model aspect of clinical teaching requires more emphasis at both the undergraduate and graduate levels of nursing education. When graduates of these programs assume clinical teaching positions, they should be prepared to assume the responsibilty of being a nurse role model.

McGivern (1974) describes the graduate of a baccalaureate program in nursing as a generalist. She will possess the knowledge, skills and attitudes required to take on the role of change agent, leader and primary carer. In contrast, graduate education will provide the "complex theoretical base and advanced clinical practice necessary to prepare a sophisticated professional practitioner" (p. 98).

In summary, nurse educators should be prepared at the graduate level. However, graduate education in nursing may not provide all of the necessary knowledge and skills required by the nurse educator, and this will have implications for the orientation needs of beginning nurse educators.

ORIENTATION

Goals and Purpose of Orientation

Castetter (1976) defines orientation as a:

> systematic organizational effort to minimize problems confronting new personnel so that they can contribute maximally to the work of the school while realizing personal and position satisfaction (p. 205).

The process begins with the recruitment stage of the personnel function and ends when the employee has made the necessary personal, position, organizational and social adaptations that enable him to function fully and effectively as a member of the school staff. The goals and objectives of such a program must be flexible enough to meet the needs of new employees who are at various points in their careers - beginners, those changing positions, and those returning after a period of withdrawal (Castetter, 1976; Toombs, 1975). The ultimate aims of this process will be position satisfaction for the new employee and

attainment of educational program goals. In addition, the process should decrease the loss of financial and human resources to the system as a result of retaining more beginning teachers (Castetter, 1976).

Castetter (1976) further states that the goals of the orientation process have little significance unless they are translated into specific objectives. These include: information; need satisfaction; position compatability; assistance; support; development; acceptance; assimilation; adjustment; orientation; retention; security; and continuity. Perhaps what is most important is how these specific objectives are utilized in the remaining four steps of the orientation process. The second step, organization, consists of grouping similar activities and establishing relationships between those responsible for performing the various functions. Individual orientation sequence, the third step, involves planning decisions related to the kinds of activities to be initiated to achieve the desired results, the time sequence of activities and a delegation of responsibilities for carrying out the specific plan. The last two steps in the process involve follow-up of new employees and appraisal of the results of the recruitment, selection and orientation processes.

Sergiovanni and Carver (1973) identify three major concerns of orientation of new educational personnel: communication of minimal expectations; provision of job and personal security; and insurance of early, if not immediate, success for the new teacher's career in the school. They further state that successful accomplishment of the first two concerns will allow the new employee to be integrated into the school and allow him to function adequately. Successful attainment of

the third concern will introduce personnel to the higher-level reward systems; will develop a continuing need for this kind of success in individuals; and will provide a staff member who functions beyond minimal requirements in the attainment of organizational goals. Sergiovanni and Carver (1973) also recognize that beginning teachers have different concerns and needs than those with experience, and the focus of orientation programs is to assist them in moving their concerns from self (where do I stand? how adequate am I?) to others (more professional concerns - program goals).

Rebore (1982) identifies the two major purposes of orientation programs as acquainting a new employee with the school system and the relationships he must develop to be successful. The ultimate goal of this process is to provide quality education, however, he recognizes "the cause-and-effect relationship of this process to employee retention and job performance" (p. 139). Rebore (1982) also recognizes that while the purposes of the orientation program will vary with the school, some universal objectives include: security for the new employee; adjustment to the work environment; provision of information; introduction to other employees; facilitating the opening of school; and inspiring the new member toward excellence.

Conway and Glass (1978) recognize that a planned socialization process could assure more success in the faculty role and help prevent the loss of potentially able new members. Planned socialization "should address at least three important issues: the need for information, the political naivete of neophytes, and the assignment or selection of mentors" (p. 428).

Prerequisite to any such process "is an accurate conception of those behavioral expectations and demands which constitute the role and which are shared by members of the role set" (p. 429).

Mauksch (1982) recognizes that the outcome of a planned socialization process is the achievement of the goals of the faculty role. In planning this process, several conditions must exist: the process must be in harmony with the philosophy and goals of the school; faculty and administrative behavior must be consistent with school goals; the concept of socialization must be agreed upon by all concerned; and socialization to the faculty role must be based on an understanding of the role to be fulfilled. Mauksch (1982) further states that socialization programs are designed primarily for those who are new or who have limited experience in the role. Socialization is initiated by a school's management and begins with the orientation program. This portion of the process cannot deal with the development of faculty capabilities in fulfilling all components of the nurse educator role so that further deliberate socialization is planned and derives from two sources - the new faculty member and others in the environment.

Hinshaw (1976) recognizes that individuals experience initial formal socialization into the chosen role set but that each change in position requires a degree of resocialization as role expectations will also change. Resocialization can be defined as "a process in which new roles or sets of expectations are learned, it occurs with entry into each new position or assignment in a social system" (p. 2). Several factors influence this process and include: the formality of the initial socialization setting; the professional orientation of the work

setting; the diversity of role expectations; the legitimation of the parent profession; existence of role models; the dominant sex makeup of the profession; and the ethnicity of the person being socialized. In essence, these factors point to the degree of conflict that is a natural consequence of the resocialization process.

Hoy (1968) defines organizational socialization as:

> the processes by which requisite role orientation of offices, statuses, and positions is acquired by participants in the organization . . . Organizations mold role ideology and role performance of personnel through a variety of procedures and mechanisms designed to make individual beliefs, values and norms correspond with those of the organization (p. 314-315).

The period before and immediately after joining an organization is most intense in terms of trying to achieve consensus between the new employee and the rest of the organization.

Feldman (1976) presents and tests a model of individual socialization into organizations. Whereas most previous literature focuses on the ways in which individuals learn the culture and values of a new job setting, the Feldman model extends this to include adjustment to the work environment and the development of work skills. Four possible outcomes of this process were identified and included: general satisfaction; mutual influence; internal work motivation; and job involvement. The significant findings of this study generally supported the socialization model, however, only the outcomes of general satisfaction and mutual influence were found to be the results of socialization. Internal work motivation and job involvement more likely resulted from the nature of the work itself rather than the way an employee was recruited or trained.

Barley and Redman (1979) describe faculty role development in university schools of nursing utilizing a continuum developed by Norbert Ralph. At stage one, faculty members have a simplified view of their role and the nature of the work and utilize a professional reference group. In stages two and three, faculty members develop an increasing distance from this group and have an increased awareness of choice and possible limits on their freedom. In stage four, they have evolved a personalized style of functioning which becomes articulated in stage five. Barley and Redman (1979) further state:

> Maladaptation to the faculty role may be defined as the inability to achieve balanced productivity in more than one of the university's defined missions of teaching, research, and service (p. 43).

In order to understand faculty role development, it is necessary to consider patterns of faculty socialization, faculty environments in schools of nursing, and the tasks to be mastered in order that the school can become a full member of the university.

Weinrich and Eaken (1978) recognize the need for an orientation program for new faculty which will focus on institutional objectives while still allowing the faculty member to develop their fullest potential. This will result in new members identifying "their personal goals with those of the organization" (p. 9). This mutual understanding is necessary for maximum interaction and support of staff in the development of new courses, programs and ideas.

Southwell (1970) indicates that beginning teachers supported by orientation programs enjoy better relationships with students, co-workers and people in the community; are happier in their work; feel more a part of the team; and grow in job competencies more rapidly.

Glueck (1979) states that the orientation process is similar to socialization and serves many purposes when effectively conducted. These include: decreasing the start-up costs for new employees; reducing the anxiety and hazing experienced by new employees; reducing employee turnover; saving time for supervisors and co-workers; developing realistic job expectations, positive attitudes toward the employer, and job satisfaction.

St. John (1980) defines orientation as "the process of familiarizing new employees with whatever is necessary for them to feel at home and to understand and perform their duties efficiently" (p. 373). This should lead to commonality between employee and company goals and needs and result in: heightened productivity; improved employee relations; and fewer mistakes.

Pohutsky (1979) describes the goals of orientation programs for newly employed staff nurses. These include: relieving anxiety; assisting the new employee to become a functional staff member in a shorter period of time; easing the transition from nursing student to professional nurse; providing for application of theory to practice; and providing opportunities to practice relevant procedures and to use unfamiliar equipment.

Other authors take a narrower view of the orientation process. Morant (1974) accepts the definition presented in the British Government White Paper (1972) which describes the process as being a "systematic programme of professional initiation, guided experience and further study" (p. 3) for the teacher on first employment. The aims of such a program should be tailored to the needs and problems of new

practitioners. Grant and Zeichner (1981) identify orientation as occurring during the first few years of teaching prior to permanent certification. Support services are specific to these employees.

To summarize, orientation seems to have two major goals and purposes. The first is the provision of information and assistance in order to minimize the problems encountered by new employees, decrease their anxiety, and provide personal and position satisfaction. The second major goal is to assist new employees in becoming fully functioning members of the staff so that the goals of the educational program may be realized. Recognition must also be made of the differing needs of new employees who are experienced versus those who are beginning their first teaching position. Although these goals are applicable for both groups, this will have direct implications for the type and sequencing of activities as well as for the length of the orientation period.

Orientation Needs

General needs. Glueck (1979) identifies the content of the formal orientation program. This includes: the history and general policies of the organization; a description of the services or products of the organization; the structure of the organization; safety regulations; personnel policies and practices; employee benefits and services; and daily routines and regulations. Glueck (1979) recognizes "that the amount and emphasis of orientation will vary with the complexity of the task, the experience of the employee, and the climate in the work group" (p. 194-195).

Effective orientation programs focus on the social dimensions of the job and include a minimum of technical information.

St. John (1980) identifies two levels of orientation which must be addressed. The first of these, general company, refers to matters which are of relevance to all employees while the second level, specific department, includes those topics which are of relevance to the department and specific job of the new employee. The focus of these two levels of orientation must be adapted to the new employee's job responsibilities, training and past experience. Generally, employees need information in three areas: the technical aspects of the job; the company standards, policies, expectations, norms and traditions; and social behavior.

Rebore (1982) identifies two categories of orientation programs: informational and personal adjustment. Informational programs are concerned with information about the school system, the community and the school. More specifically, this includes: school policies and services; recognition of key personnel; employee benefits; information pertaining to the social, cultural, ethnic and religious makeup of the community; introduction to fellow employees; physical layout of the school; administrative procedures; and an explanation of the instructional program. Personal adjustment programs focus on assisting the new employee to establish working relationships with others in his particular school.

Neyens (1977) identifies four themes most commonly mentioned in junior college orientation programs in Illinois. These included:

administrative detail; problems related to the particular institution; history and philosophy of the institution; and instructional innovation. Respondents in this particular study felt less time should be spent on administrative detail.

Needs of beginning teachers. Hoy (1968) recognizes that:

> Public school teachers go through a double socialization process. Initial socialization to professional norms and values occurs during college preparation, where teaching and learning are likely to focus on ideal images and practices. The second phase of the socialization process begins as new teachers enter the "real" teaching world as "full-time members of a school organization". Here neophytes may suddenly be confronted with a set of organizational norms and values at variance with those acquired in formal preparation; that is, the internalized ideal images of the teacher role may be in conflict with the norms and values of the school subculture (p. 315).

Grant and Zeichner (1981) examined the experiences of a representative sample of first year teachers in the United States. The results of the study found little evidence of the presence of formalized orientation efforts in either the form of support services or in terms of workload reductions. The implications of this study included: beginning teachers require more orientation in curricular and procedural information; the orientation needs of beginning teachers are clearly different from those of more experienced teachers; the problems and concerns of beginning teachers are extremely diverse; and most importantly, induction of beginning teachers must be individualized. Recognition was also given to the importance of involving beginning teachers in planning orientation experiences, however, their lack of attention to some concerns may indicate needs which they simply do not recognize.

Specific concerns of beginning teachers which were cited most often by beginning teachers in the Grant and Zeichner (1981) study included: discipline; inadequate curriculum and instructional materials and information about their use; policies and procedures; communication with co-workers; insufficient information about salary and benefits; the need for more planning time; assistance to work with parents; and evaluation of students.

Bruhns and Thomsen (1979) interviewed eighty-one beginning university teachers to identify their concerns three weeks prior to beginning to teach. In reporting these results, it must be recognized that most new university teachers bring some teaching experience to the university, however, over one half of those surveyed had received no orientation other than the standard appointment form. Four concerns stood out as predominant in response to open ended questions: organization of the content; expressing themselves clearly and with certainty; arousal and maintenance of the students' interest; and subject matter competency. Of the twenty-one identified potential teacher concerns, five were selected by over two thirds of those surveyed. They included: student comprehension of subject material; ability to activate students in class; organization of subject material; arousal and maintenance of students' interest; and expressing oneself clearly and with certainty. Of secondary importance, but still of concern to the majority were: content adequacy; student interest in discipline; student learning of required material; teaching methods; and assessment of student learning. Concerns which were irrelevant to new university teachers included: audiovisual media; student criticism; room and

equipment functioning; knowledge of exam procedures; and student acceptance of the teacher's leadership.

Further analysis by Bruhns and Thomsen (1979) compared inexperienced with experienced teachers and found that those with no experience are mainly ego-centered in their concerns about the teaching assignment while experienced teachers are mainly "teaching- and student-centered in their concerns" (p. 108).

> This means that the inexperienced would be expected primarily to require information as to how they function personally and are evaluated as teachers. Only with growing experience will they become primarily concerned about what actually happens inside the students and in the teaching-learning process (p. 108).

Fuller (1969) reviewed the literature on concerns of beginning teachers and added two studies of her own. All studies indicated that beginning teachers are primarily concerned with self-protection and self-adequacy (subject matter adequacy, class control, their own evaluation) and are much less concerned about students. No study indicated that beginning teachers are concerned with instructional design, methods of presentation or individualizing content.

Gorton (1973) reports on a study of the problems of beginning teachers conducted by Moller (1968). The most significant finding of the study was that a majority of beginning teachers reported no problems with regard to working with colleagues, the community, parents, and school administration. Three common problems - finding time to keep current in subject matter, fatigue, and lack of creativity in teaching - were reported in the areas related to personal problems and professional preparation for teaching. Additionally, most teachers

reported problems in their relationships with students which included: motivating students; student indifference; processing student make-up work; discipline; and lack of time to do all that was expected.

Draper and Barer-Stern (1980) identify six problem areas of teachers of adults. These include: information pertaining to the courses and policies in the institution; liaison between day and evening class teachers; location and availability of resources; information concerning course patterns, expectations, and evaluations; information concerning communication; and information pertaining to the limits of the teacher.

Dropkin and Taylor (1963) report the following problems of beginning teachers in descending order of difficulty: discipline; relations with parents; methods of teaching; evaluation; planning; materials and resources; and classroom routines.

Elliott and Steinkellner (1979) conducted a study to identify weaknesses in inservice and preservice teacher training. General areas of concern which were identified included: a need for more knowledge of normal behavior in children related to discipline and behavior management; more information regarding the function of schools generally; and assistance in transferring teaching methods to the classroom, particularly management of time and material. More specific concerns related to the above areas were: lack of class control; lack of awareness regarding legal and administrative limitations; selecting objectives; utilizing textbooks effectively; and management of large blocks of time. The unrealistic expectations of beginning teachers led to general frustration and disappointment.

Phillips (1975) recognizes that new teachers are highly individual in their needs and that each school in a system is different. This makes a prescribed pattern of induction inappropriate.

Arends et al. (1978) have also challenged several assumptions previously held by inservice educators. Those which should be considered in planning orientation activities include: the requirements, needs or preferences of clients must be taken as the starting point of all activities; teachers may not know how to self-diagnose difficulties; teachers may be hesitant to openly communicate difficulties; there is often a time lag between needs assessment and inservice during which needs have been met in alternate ways; needs identified may be based on fad rather than actual experiences; and preservice programs have not adequately prepared teachers to diagnose and remedy the learning problems of individual students.

Jones and Hayes (1980) have expressed concern over teachers' ability to identify their learning needs. Their research:

> suggests that teachers can express symptoms of needs but may not be aware of their actual needs. The needs they report must be analyzed by objective means to determine the underlying conditions that resulted in expression of the symptoms (p. 392).

Needs of beginning nurse educators. Wilson (1962) argues that formal teacher education prepares teachers to perform their instructional activities but does not prepare them with adequate skill and knowledge to perform their responsibilities associated with professional socialization. Given (1975) agrees and identifies two further conflicts nurse educators face with regard to their role as professional socialization agents. These are the lack of an adequate role

definition and absence of viable reference groups in the educational setting. This influences the behavior modelled to students and hinders the adoption of new behavior patterns.

Fitzpatrick and Heller (1980) have stated that nurse educators lack the requisite knowledge and skill of higher education.

> The need to orient new personnel and to support them in their continuing professional development is a reasonable obligation that is accepted by most employers. However, it is unreasonable to expect any employer to provide instruction in the basic competencies which should be a requirement for job entry. Colleges and universities have found it necessary to educate faculty about such things as the elements of curriculum design, test construction, clinical teaching and evaluation methods, learning theory, and instructional strategies and technology. Additionally, information and instruction are needed in the philosophy, organization, and administration of higher education, and student-teacher relationships, including the scope of academic advisement. These abilities are essential for full participation as a faculty member and colleague in a university setting (p. 373).

Conway and Glass (1978) recognize that socializing a person for any role consists of transmitting to them the norms and values appropriate to actualizing the role. This socialization process is affected by: the nature of the organization; the congruence between the members' and the organization's goals; and objective reality. Initially, the beginning nurse educator must define their own role and determine how that role fits into the organization. This may lead to frustration for the new employee due to the difference between publicized and real organizational goals. Goal congruence is not necessary in all respects, however, the employee must recognize the organizational goals as legitimate and not impede movement toward them. Of more importance than goals may be the matter of values and the extent to which they are shared. This is especially true for professionals

who are committed firstly to their profession and secondly to the organization employing them. If the organization values academia while the individual values clinical competence as necessary to the role of teacher, this incongruence may be an important source of role conflict for the new faculty member. The last variable affecting socialization is objective reality. It is that set of norms and values that the new faculty member discovers as they seek to actualize their role and which distinguishes between the real world and the ideal world described before employment. The success of the new faculty member will be influenced by how well they understand these variables and a goal of the socialization process should be to provide them.

A further difficulty is that nurse educators have not, as students, been exposed to nursing schools "rich in traditions of learning, research, scholarship, and practice" (Palmer, 1970:123). Many have come from hospital based systems of training and work and have brought these styles to the colleges and universities. This has led to a skill oriented educational design in many nursing schools rather than the identification and development of the theoretical basis of nursing. Williamson (1972) elaborates by distinguishing between the institutional value system of the hospital and the professional value system found in higher education. The former rewards conformity to policies and procedures and delegates status and position through the established organizational system. Higher education rewards expertise and confers status and position through the professional group. Faculty members, who are responsible for socializing students to the professional value system, must first be socialized to these norms.

Sheahan (1978) identifies the elements of curriculum with which nurse educators must be familiar. These include: selection of content; development of a teaching strategy; sequencing of content; setting objectives; and assessment of learning.

Summary. Beginning teachers require orientation to the community, the school district, the school and the curriculum. They also require assistance in forming relationships with co-workers and students. The orientation needs of beginning nurse educators are ill defined and relate to: lack of adequate role definition; the absence of reference groups in the educational setting; inadequate preparation by formal education programs; and the organizational setting in which the nurse educator is employed.

Beginning teachers are individual in their needs, however, these needs are different from those of more experienced teachers. The needs of beginning teachers which are most often cited in the literature pertain to the school, the curriculum, and interpersonal relationships.

Orientation Practices

Educators have recommended specific procedures to improve the orientation of beginning teachers. Lewis (1980) outlines five characteristics of support for beginning teachers which have been identified in the education literature. These include: reduced workload; released time; opportunities for discussion with other beginning teachers; observation of more experienced teachers and opportunities to understand the relationship with other staff and the community; and

assignment of a mentor who is available for assistance but is not responsible for evaluation of the beginning teacher.

Grant and Zeichner (1981) identify three major categories of support which may be available to beginning teachers. The first of these, formal support, involved that which was given prior to and following the opening of school and continued throughout the rest of the year. Specific activities included: meeting with building administrators, school district administrators, school faculty and community representatives; orientation to a specific school, community, and school district; distribution of printed materials; and school, school district, university and teacher center activities. The second category, informal support, related to the support mechanisms which were not planned for during the orientation period. Examples of this type of support included: assistance from co-workers (offerring information, opinions, assistance, and listening to concerns); reading of professional books and articles; assistance from friends, students, parents, and former cooperating teachers. The last type of support, job-embedded, included those types of support which were built into the role of first year teachers. This included: release time; smaller classes; exemption from non-teaching responsibilities; and assignment of a mentor.

Over half of the beginning teachers in the Grant and Zeichner study (1981) perceived meetings with future co-workers as the most helpful aspect of pre-assignment support while a small number perceived the following to be helpful: learning about school rules and regulations; instructional materials; personal benefits; and working in their

classroom prior to the opening of school. With regard to the least helpful aspect of pre-assignment support there was not agreement, however, teachers commented that orientation programs were not geared to beginning teachers and that the topics were too general. The teachers surveyed did not agree on the most and least helpful aspects of post-assignment support which indicates that their needs and concerns are widely varied. Contrary to the expectations of Grant and Zeichner, first year teachers were generally satisfied with the type of support they received and there was little expressed desire for the kinds of support identified in the literature.

Southwell (1970) reports that beginning teachers prefer help from other teachers rather than by administration. This he relates to a possible fear of evaluation. Principals felt that:

> experienced teachers could make a contribution by discussing textbooks, teaching supplies, and equipment, by promoting membership in professional organizations, and by acquainting new teachers with housing, community, churches, recreation, and civic clubs (p. 105).

Beginning teachers had a preference for assistance:

> from experienced teachers in regard to textbooks, curriculum studies, teaching supplies and equipment, learning routine reporting and record keeping procedures, studying personnel records, and getting acquainted with pupils. There was a strong preference for assistance from principals with: correspondence after employment, but before reporting to duty; discussing general school policies; traditions; seniority privileges; and promoting membership in professional organizations (p. 105).

Specific recommendations for orientation procedures included: orientation should last the full probation period; experienced teachers should participate in the job interview of beginning teachers; a plan for keeping beginning teachers informed prior to reporting for duty

should be instituted; three experienced teachers should form an orientation committee to work with each beginning teacher; the orientation committee should assist the beginning teacher to prepare for the first day of school; and school administrations should work with educational associations to prepare orientation programs for beginning teachers.

Moller (1968) indicates that the most helpful source of assistance identified by beginning teachers was fellow teachers. The next highest ratings for helpfulness included: department chairman; principal; assistant principal; and supervisor. Other sources of help included: friends; college professors; curriculum guides; materials centre; and spouse.

Newberry (1978) recognizes that the transition from university student to teacher involves changes in expectations, attitudes and teaching behaviors. In a study of elementary school teachers in Toronto, Newberry identified several barriers between experienced and beginning teachers. Specifically, experienced teachers do not try to influence the methodologies utilized by beginning teachers nor do they feel it is their role to intervene when new teachers are experiencing difficulty. Organizational arrangements do not differentiate in tasks assigned to beginning and experienced teachers nor are there formal arrangements to provide new teachers with assistance. This often leads new teachers to believe requests for assistance will be interpreted as incompetence.

Russell (1979) suggests several activities which should be conducted after an instructor has been hired. These include: a tour of facilities; an information brochure including policy information and

the location of resources; and a discussion regarding the availability of resources, service and materials.

St. John (1980) identifies two types of orientation: formal, which is planned and officially conducted; and informal, which is unplanned and unofficially conducted by fellow employees. He further divides orientation programs into three stages - preliminary, preduty, and continuing. The most important of these is the preduty period of formal orientation and the time period immediately following for this is when the new employee typically experiences anxieties and begins to develop an attitude toward the job. Three basic approaches to orientation have also been identified. The first of these, verbal, can be conducted individually or in small groups and is the best method for promoting understanding and feedback, however, the disadvantages of cost and time consumption must be considered. Written orientation, the second approach, has as its chief advantage the provision of a continuing reference for the new employee. Written material should be used to supplement verbal presentations. Audiovisual presentations constitute the third approach and have as their advantage repeated use once developed. Conversely, St. John (1980) identifies four orientation methods to avoid. These include: emphasis on paper work; a sketchy overview of the basics; insignificant assignments; and information overload. An important consideration is the amount of information presented in any one session for there is a limit on what the employee can absorb and retain. A maximum of two hours at any one time is recommended.

Swain (1976) describes a systems approach to orientation in an American technical institute. Following the specification of objectives a series of packages were developed to cover topics such as: the campus and community; the purpose, philosophy, history and management of the institute; organization of the institute; faculty job description; instructor evaluation; student services; learning resource centre; administrative policies and procedures; forms and reports; and glossary of terms. Learning activities utilized in this program included: tours of campus facilities; reading assignments; study of organizational charts, policies and procedures; and completion of reports under the supervision of a co-worker assigned to assist the new employee during the first quarter of his employment.

Weinrich and Eakin (1978) identify the inadequacies of traditional orientation programs.

> They are often information - lecture oriented. Most are given in short, intensive periods prior to the employee's entry in the work role, and lack top-level administrative involvement. They often fail to recognize and deal with real problems as perceived by the new faculty and usually provide no particular incentive to motivate a high interest level (p. 9).

A more successful model should incorporate the philosophy of the institution, be based on objectives, meet the needs of participants, be flexible in scheduling, and be cost-effective. The program they describe featured twenty percent release time for new faculty members, initial formal presentations on college philosophy and mission, and subsequent activities scheduled by newcomers as they perceived their priority needs.

Julius (1976) describes a trial induction program for probationary teachers in Britain. New teachers are released from teaching duties one day per week and carry only three quarters of a full teaching load. Professional tutors are assigned to give probationers individualized help with the problems of beginning teachers. An important feature of this program is that it allows time for new teachers to meet and discuss concerns. A similar program was described in the 1972 White Paper (Phillips, 1975).

Richardson (1979) states that the majority of problems faced by new teachers relate to the management of routines and procedures rather than difficulties with rules or policies. To alleviate this, new teachers return to school early and have time to review the student guidebook, the faculty handbook, and to discuss a number of case studies devised from actual school experiences. These cases deal with regulations, processes or questions of motivation and attitude. This method allows new teachers to anticipate problems, achieve a better understanding of the school, and develop more trustful working relationships.

Joyce and Showers (1980) identified five components of training which can be utilized to improve skills or learn new ways of teaching. They include:

1. Presentation of theory or description of skill or strategy;
2. Modeling or demonstration of skills or models of teaching;
3. Practice in simulated and classroom settings;
4. Structured and open-ended feedback (provision of information about performance);
5. Coaching for application (hands-on, in-classroom assistance with the transfer of skills and strategies to the classroom) (p. 380).

Through the analysis of over two hundred research studies, they conclude that for maximum effectiveness, a variety of components, and perhaps all components, should be used.

Phillips (1975) identifies that any form of support for the new teacher must take into consideration: the organization of the school; the role of the teacher-tutor; and the content and scope of any extra instruction given. Generally, he recommends a three quarter teaching load, one day release time for further training, and regular contact with other beginning teachers.

McCabe (1975) reports on a survey of new teachers which identified that most wanted: a light teaching load; opportunities to meet other new teachers; a teacher-tutor appointed; the chance to visit other schools; and courses regarding what they had to teach.

Bradley and Eggleston (1975) found that new teachers seek help from various people depending on the problem and are generally unenthusiastic about taking courses. Later research (1978) found support for twenty percent release time for beginning teachers.

Taylor (1971) was concerned with beginning teachers perceptions regarding the existence and effectiveness of school orientation programs in three areas: the teaching position; the teaching profession; and the community. Beginning teachers perceived that orientation was geared to the teaching position followed by orientation to the profession. Evaluation of the orientation practices in the schools were negative with only six activities identified as being effective. These included: discussions with specialists regarding the problems of specific children; explanations of clerical procedures; visiting the

principal in his home; assistance in obtaining housing; orientation workshops prior to the opening of school; and discussion of disciplinary rules and procedures. Two inservice activities were in existence for the beginning teachers surveyed: departmental meetings involving discussion of curriculum and teaching practices; and faculty meetings. Administrators generally perceived these to be more effective than did beginning teachers.

Gorton (1973) cites the implications of the Moller (1968) and Taylor (1971) research. Beginning teachers differ in the kinds and the extent of problems they experience and, therefore, a more individualized approach to orientation is required. In addition, schools must examine their orientation programs to determine how well they are meeting the needs of beginning teachers.

Conant (1969) recommends several practices which should be implemented for first year teachers. These include: a smaller teaching assignment; assistance in gathering instructional materials; assistance of an experienced teacher in their own classroom; assigning problem students to more experienced teachers; and instruction regarding the characteristics of the community and the students.

Rebore (1982) describes a four phase orientation program for new teachers. Phase one would occur during the summer and would provide information related to the school, school district and community. Phase two would occur the week immediately preceding the opening of school and would include procedures and identify support personnel. Phase three would occur during the first semester and would involve meetings between the new teacher and a cooperating master teacher. The

meetings would focus on the "practical aspects of teaching, such as lesson planning, testing, grading, and disciplinary techniques" (p. 145). The final phase of the orientation would focus on more theoretical approaches to teaching. Rebore (1982) also suggests specific practices which may be used in the orientation process. These include: interviews with key personnel; explanations; observations; and evaluative discussions.

Neyens (1977) recognizes the variety of practices utilized in orientation programs. In his research on orientation programs in Illinois community colleges, he found that: small discussion groups are highly effective; formal presentations by administrators are moderately effective; and formal presentations are enhanced by small group discussion.

Conway and Glass (1978) recognize that attempts to socialize beginning nurse educators frequently result in information overload while the new member tends to remember two general categories of information needed for survival - the teaching assignment and personal affairs. During the first months socialization is enhanced by attending department and faculty meetings and through casual conversations which gradually allow new members to participate intelligently.

Mauksch (1982) identified two sources of planned socialization- the new faculty member and others in the environment. Mauksch recognizes that the new faculty member can contribute to the socialization process by: developing goals for their career and personal growth; developing a plan of personal learning which will identify the meaningful aspects of the teaching role; asking for feedback; establishing

contact with colleagues outside the school; and seeking mentors who are willing to share experience that the novice still lacks. Others who are involved in the socialization process must: reach consensus regarding the faculty role; volunteer as mentors; offer peer support; and act as appropriate role models.

In summary, there does not seem to be agreement regarding effective orientation practices for beginning teachers. Those most often cited in the literature include: reduced workload; released time; assignment of a mentor; discussions with administrators, experienced teachers and other beginning teachers; utilization of resource materials; formal presentations by administrators or other key personnel; observation; and supervised teaching. The limited information available on orientation practices specific to beginning nurse educators suggested: assignment of a mentor; attending meetings; and informal discussions.

SUMMARY

This chapter has reviewed the theoretical and research literature in order to provide the background for the study. Specifically, literature and research pertaining to the role of the nurse educator, preparation for the role, and orientation needs and practices were presented.

The literature indicates that the role of the nurse educator is complex and difficult to define. Teaching appears to be the central

role function with a variety of nonteaching functions related to the organizational setting in which the nurse educator is employed.

Nurses have experienced initial socialization into nursing through a variety of different practices. The graduate of a baccalaureate program is described as a generalist while graduate education provides a more sophisticated practitioner. The masters degree is seen as the minimal qualification for a faculty position although these individuals may still lack much of the necessary knowledge and skill required by the nurse educator.

Orientation seems to have two major goals and purposes. The first is the provision of information and assistance to minimize the problems encountered by new employees. The second is to assist new employees in becoming fully functioning members of the staff so that the goals of the educational program may be realized.

Beginning teachers are very individual in their needs. Those in general education require orientation to the community, the school district, the school and the curriculum. Assistance in developing relationships with co-workers and students is also required. There is little information regarding the specific orientation needs of beginning nurse educators, however, they seem to be related to: lack of adequate role definition; the absence of reference groups in the educational setting; inadequate preparation by formal orientation programs; and the institution in which the nurse educator is employed.

There was little agreement in the literature regarding effective orientation practices for beginning teachers. Those suggeseted most often included: reduced workload; released time; assignment of a

mentor; discussions and presentations by key personnel; utilization of resource material; observation; and supervised teaching. Assignment of a mentor was the practice suggested most often in the orientation of beginning nurse educators.

Studies in the education literature indicated differences in opinion regarding orientation needs and practices by administrators and beginning teachers. No studies were found to indicate such differences in opinion between administrators and nurse educators concerning the orientation of beginning nurse educators.

CHAPTER III

INSTRUMENTATION AND METHODOLOGY

This chapter provides a description of the instrument used in the study, the methods used to collect and analyze data and a description of the study population.

INSTRUMENTATION

Design and Pilot Test of the Instrument

The purpose of this study was to examine the opinions of nurse educators with regard to the orientation of beginning nurse educators. A data collection tool was developed based on the available literature and research. The initial questionnaire was divided into five major sections and included a total of eighty-two items. The major sections included: personal and professional data; orientation needs; orientation practices; individuals involved in planning; and general concerns.

This instrument was pilot tested with seventeen nurse educators who had previously been employed in Alberta hospital based schools of nursing. Respondents were asked to complete the data collection tool noting the following: clarity of the items; additional items for inclusion; clarity of the instructions; and time needed to complete the questionnaire. A comment sheet was included for any further concerns regarding the questionnaire and/or orientation of beginning nurse educators in general.

Responses were received from fifteen (88.2 percent) of those selected to pilot test the instrument. Frequency distributions were completed for each item in the questionnaire and any comments were noted. This information was utilized in the selection and modification of items for inclusion in the final study instrument.

The Instrument

The instrument utilized in the study is included in Appendix A. It contains six sections. Section I, Personal and Professional Data, includes the following eight variables: highest level of education; nursing service experience; nursing education experience; age; type of present employment; length of employment; area of major responsibility; and number of full-time faculty employed in present program. It was thought that these variables might differentiate nurse educators into groups with significantly different opinions.

Section II of the instrument deals with nurse educators' opinions regarding the ideal and actual emphasis placed on possible orientation needs of beginning nurse educators. This section was subdivided into the following five categories of needs: general orientation to the hospital; orientation to the school of nursing; orientation to the general curriculum; orientation to their particular course or subject matter content; and orientation to interpersonal relationships. Space was provided under each heading for respondents to specify other orientation needs and to give their opinion regarding ideal and actual emphasis. The same rating scale was utilized throughout the questionnaire. The response key was as follows:

1. No/Very Little
2. Little
3. Moderate
4. Great
5. Very Great.

Section III of the study instrument identifies practices which may be used in the orientation of beginning nurse educators. Nurse educators were asked to give their opinions regarding ideal and actual use of these practices. Space was provided so that additional practices could be identified.

Section IV of the instrument deals with individuals who may be involved in planning the orientation. Participants were asked to give their opinions regarding the ideal and actual involvement of these individuals in planning the orientation. Space was provided so that additional individuals and their involvement could be identified.

Section V deals with general concerns regarding orientation. More specifically, respondents were asked to rate the current orientation programs in their school of nursing and to identify the ideal and actual length of orientation for beginning nurse educators.

Section VI provided space for participants to comment on any aspect of beginning nurse educator orientation and/or the questionnaire itself.

METHODOLOGY

Collection of Data

The study instrument was distributed to nurse educators who were teaching in the four Alberta hospital based schools of nursing at

the time of the study. In order to obtain participants for the study, each School of Nursing Director was initially contacted by telephone and informed of the nature of the proposed research. Permission was obtained to distribute the questionnaires and follow-up letters to all full-time and part-time faculty members through the school of nursing offices. Each Director was then sent a letter confirming these arrangements.

One hundred and thirty-eight questionnaires were distributed to nurse educators participating in the study. The questionnaire included a covering letter ensuring the anonymity of individual responses. The questionnaires were color coded by school of nursing so that a comparison of each school could be made with the overall findings of the study. The covering letter also ensured that the schools of nursing would not be identified by name in the reporting of the study. A self-addressed, stamped envelope was enclosed for returning the questionnaire. In addition, a request form and another self-addressed, stamped envelope was enclosed for those wishing to receive a summary of the study results. A reminder letter was sent to all participants ten days after the original questionnaires had been distributed. A second follow-up letter was sent to participants in three of the schools of nursing approximately three weeks later and additional copies of the questionnaire were made available through their school of nursing office. All correspondence is included in Appendix B.

Table 1 shows the distribution of the questionnaires and the percentage return rates. One hundred and five questionnaires were

TABLE 1

FREQUENCY AND PERCENTAGE RETURN OF QUESTIONNAIRES

School	Number of Questionnaires Distributed	Number of Questionnaires Returned	Percentage Returned
1	31	23	74.19
2	46	39	84.78
3	41	25	60.97
4	20	18	90.00
Total	138	105	76.09

returned and all were usable. This represents seventy-six percent of the study participants.

Statistical Analyses

Frequency and percentage distributions were calculated for each item in the questionnaire.

In analyzing the data from Sections II, III, and IV, mean scores were computed for each item in the ideal and actual columns. The difference between these mean scores was computed and ranking of the difference scores was done for each section to determine where the greatest discrepancies between ideal and actual existed. *t* tests were utilized to determine whether the differences in opinion regarding ideal and actual emphasis on orientation needs, ideal and actual use of orientation practices, and ideal and actual involvement of individuals in planning were statistically significant.

t and F tests were used to determine if statistically significant differences existed among groups based on the personal, professional and situational variables in their opinions regarding orientation needs and practices.

THE STUDY POPULATION

Personal and Professional Data

Findings. Nurse educators were asked to respond to eight questions under the heading of Personal and Professional Data. Information which was obtained is summarized in Table 2 by frequency and percentage distribution. Due to infrequent responses to some of the items, the data collected in this section of the questionnaire were collapsed into the categories appearing in Table 2. Data obtained regarding the number of full-time faculty in their present program were deleted as this information had been obtained from each School of Nursing Director.

Table 2 shows that 86.7 percent of those employed in Alberta hospital based schools of nursing have a baccalaureate degree in nursing while only 5.8 percent are prepared at the master's or doctoral level. The other category represented 7.7 percent of respondents and included: registered nurses (3); two baccalaureate degrees (2); a baccalaureate degree in another specialization (2); and a diploma in educational administration (1).

Table 2 also shows that 15.2 percent of respondents had one to two years of nursing experience other than in education, while 36.2 percent had three to five years and 47.6 percent had six years or more.

TABLE 2

FREQUENCY AND PERCENTAGE DISTRIBUTIONS FOR

PERSONAL AND PROFESSIONAL VARIABLES

Variable		Categories			
Level of Education		B.Sc.N.	Master's/Ph.D.	Other	
	f	91	6	8	
	%	86.7	5.8	7.7	
Experience in Nursing Other Than Education		1-2 years	3-5 years	6 years & over	
	f	16	38	50	
	%	15.2	36.2	47.6	
Experience in Nursing Education		1 year	2 years	3-5 years	6 years & over
	f	27	18	23	37
	%	25.7	17.1	21.9	35.3
Age		30-under	31-35	36-40	41 & over
	f	44	29	14	15
	%	41.9	27.6	16.2	14.3
Type of Present Employment		Full-Time		Part-Time	
	f	93		12	
	%	88.6		11.4	
Years in Present Position		1 year	2 years	3-5 years	6 years & over
	f	45	18	21	19
	%	42.9	17.1	20.0	18.1
Area(s) of Major Responsibility		Teaching	Administration	Other	
	f	89	10	6	
	%	84.8	9.5	5.7	

However, 25.7 percent of respondents had one year or less experience in nursing education while 17.1 percent had between one and two years, 21.9 percent had three to five years, and 35.3 percent had 6 years or more.

The age of the respondents is also indicated in Table 2. The findings show that: 41.9 percent of nurse educators were thirty years old or younger at the time of the study; 27.6 percent were thirty-one to thirty-five years; 16.2 percent were thirty-six to forty years; and 14.3 percent were forty-one years or older.

Table 2 indicates that 88.6 percent of those nurse educators participating in the study were employed full-time with the remaining 11.4 percent employed on a part-time basis. The respondents had been employed in their present position for the following lengths of time: 42.9 percent one year or less; 17.1 percent between one and two years; 20.0 percent three to five years; and the remaining 18.1 percent six years or more. Teaching was the major area of responsibility for 84.8 percent of respondents while 9.5 percent indicated that they were primarily involved in administration. The remaining 5.7 percent had other major areas of responsibility which included such duties as: resource personnel; curriculum development; special projects; and positions which had both teaching and administrative functions.

Discussion. The information obtained under the personal and professional data heading indicates that the majority of respondents in this study are thirty-five years of age or younger and have a baccalaureate degree in nursing as their highest level of education. This will influence the findings of this study as the literature

indicates that the graduate of a baccalaureate program is a generalist and that preparation for teaching occurs primarily at the graduate level. Further studies involving more nurses prepared at the masters or doctoral level may produce findings significantly different from those in this study.

The majority of respondents had three or more years of experience in nursing other than education. This may influence their opinions regarding the need for orientation to the hospital or the nursing units and their staff as they may already be familiar with this content.

Approximately half (43.8 percent) of the nurse educators responding to the study had less than two years of experience in nursing education. The literature suggests that nurse educators must constantly redefine their roles so there may be significant differences between the opinions of more and less experienced nurse educators regarding the orientation of beginning nurse educators.

The majority of the study population was employed full-time with 42.9 percent being in their present position one year or less. This suggests that these individuals should still be familiar with the orientation they received to their school of nursing and will clearly recall those areas of need requiring the greatest emphasis as well as the practices which would best meet these needs.

Table 2 indicated that 84.8 percent of respondents had teaching as their primary area of responsibility with only 9.5 percent indicating administration and 5.7 percent the other category. These groups should have different opinions regarding orientation needs and

practices as they differ in amount of student contact, familiarity with hospital policies and procedures, and involvement with the current orientation program. It is also likely that those with educational preparation beyond the baccalaureate degree fall in the administrative or other categories and this may account for differences in opinions. As well, administrators and those with unique responsibilities are most likely the more experienced members of the school staff and this too may have some influence on their opinions regarding the orientation of beginning nurse educators.

Situational Data

Findings. The four Alberta hospital based Schools of Nursing were chosen to participate in this study. Three of these schools are located in Edmonton with the fourth located in Calgary. These schools are of various sizes with two employing over forty faculty, one with thirty-one faculty and the last with twenty faculty members.

Table 3 presents a description of the respondents from each School of Nursing based on the personal and professional data obtained. As expected, the majority of respondents in each school possess a bachelor of science degree in nursing. All schools have similar percentages of faculty members with more or less nursing experience except School 2 whose faculty members tend to have less experience. Two of the schools (1 and 3) have a greater proportion of their faculty members with less nursing education experience and the first of these also has a greater percentage of younger faculty members. School 4 has a larger percentage of older faculty members than any of the other

TABLE 3

PERCENTAGE DISTRIBUTIONS FOR PERSONAL AND PROFESSIONAL DATA BY SCHOOL OF NURSING

Variable	School 1	2	3	4*
Level of Education				
B.Sc.N.	91.3	89.7	76.0	88.9
Master's/Ph.D.	0.0	7.7	12.0	0.0
Other	8.6	2.6	12.0	11.2
Nursing Service Experience				
1-2 years	8.7	23.1	8.0	16.7
3-5 years	30.3	38.5	36.0	39.0
6 years & over	61.0	36.0	56.0	44.3
Nursing Education Experience				
1 year	39.1	17.9	24.0	27.8
2 years	13.0	20.5	24.0	5.6
3-5 years	21.7	25.7	16.0	22.3
6 years & over	26.2	35.9	36.0	44.3
Age				
30 & under	56.5	38.5	48.0	22.3
31-35	21.7	33.3	24.0	27.8
36-40	4.3	20.5	8.0	33.3
41 & over	17.4	7.7	20.0	16.7
Type of Employment				
Full-time	82.6	87.2	88.0	100.0
Part-time	17.4	12.8	12.0	0.0
Length of Employment				
1 year	47.8	53.8	32.0	27.8
2 years	21.7	17.9	20.0	5.6
3-5 years	13.0	18.0	28.0	22.3
6 years & over	13.2	7.7	20.0	44.3
Area of Responsibility				
Teaching	95.7	74.3	88.0	88.0
Administration	4.3	15.4	4.0	11.1
Other	0.0	10.3	8.0	0.0

*N = 18, 23, 25, 39 (these do not correspond with schools 1, 2, 3, 4)

schools and did not have any respondents employed part-time. Schools 1 and 2 have a greater percentage of faculty members who have been employed less than one year while school 4 has many more faculty members with six or more years service. The largest percentage of respondents had primary responsibility for teaching.

Discussion. The situational variable, school of nursing, should influence nurse educators' opinions regarding the orientation of beginning nurse educators. Chesner (1977) indicates that nurse educators must define their roles in view of the organizational frameworks in which they are employed. Given the differences in the location, size and programs of these four schools of nursing, significant differences should exist in opinions regarding the ideal emphasis on orientation needs and practices by faculty members employed there. Differences should also exist between current orientation programs in terms of practices and orientation needs emphasized.

SUMMARY

The data for this study were collected by means of a questionnaire survey. The questionnaire was divided into six sections that included: personal and professional data; orientation needs; orientation practices; individuals involved in planning; general concerns; and comments. Frequency and percentage distributions, differences in mean scores, ranking of differences in mean scores, and *t* and F tests were used in data analysis.

The questionnaire was distributed to nurse educators employed in the four Alberta hospital based Schools of Nursing at the time of

the study. The findings related to personal and professional data were summarized and discussed by frequency and percentage distributions in order to describe the study population.

CHAPTER IV

ANALYSIS OF THE DATA AND DISCUSSION OF THE FINDINGS RELATED TO ORIENTATION NEEDS

This chapter provides a description of the findings related to the ideal and actual emphasis on orientation needs of beginning nurse educators as well as a discussion of those findings. Differences in opinion among groups based on personal, professional and situational variables are also presented and discussed. The final section presents a summary of the chapter.

IDEAL AND ACTUAL EMPHASIS ON ORIENTATION NEEDS

The findings of the study pertaining to nurse educators' opinions regarding ideal and actual emphasis on orientation needs were summarized using mean scores, the difference between the mean scores, and ranking of these differences. The results of *t* tests are presented to indicate where statistically significant differences between ideal and actual emphasis on specified orientation needs exist. Appendix C contains the frequency and percentage distributions for each category of orientation needs.

General Orientation to the Hospital

Findings. Table 4 presents a comparison of opinion regarding ideal and actual emphasis on needs related to general orientation to the hospital. The mean scores for the ideal situation indicate that nurse educators believe that becoming familiar with the nursing units should receive the most emphasis during orientation to the hospital

TABLE 4

A COMPARISON OF OPINION REGARDING IDEAL AND ACTUAL EMPHASIS ON GENERAL ORIENTATION TO THE HOSPITAL

Need	Mean Score Ideal (N = 105)	Mean Score Actual (N = 105)	Difference	Rank
1. Departments and Services	3.15	2.24	0.91[a]	5
2. Employee Benefits	3.13	2.52	0.61[a]	7
3. Personnel Policies	3.76	2.38	1.38[a]	2
4. Fire and Safety Procedures	3.79	3.08	0.71[a]	6
5. Policy and Procedure Manuals	3.78	2.42	1.36[a]	3
6. Formal Lines of Communication	3.58	2.49	1.09[a]	4
7. Nursing Units	4.42	2.86	1.56[a]	1

[a] *t* test significant at the .001 level

with employee benefits requiring the least emphasis. Current orientation programs emphasize fire and safety procedures the most with the least emphasis placed on hospital departments and services.

Table 4 also gives the difference between the ideal and actual mean scores and ranks these. The greatest discrepancy between ideal and actual emphasis occurs with regard to becoming familiar with nursing units followed by personnel policies, policy and procedure

manuals, formal lines of communication, departments and services, and fire and safety procedures. The least discrepancy between ideal and actual emphasis occurs with regard to employee benefits and services. *t* tests indicated that all of the differences between ideal and actual emphasis were statistically significant at the .001 level.

Additional needs identified in this category included: hospital classroom space; hospital library; and introduction to unit supervisors.

Discussion. The mean scores for ideal emphasis on needs related to general orientation to the hospital indicate that nurse educators prefer that all of these needs receive at least a moderate to great degree of emphasis with orientation to the nursing units requiring a great to very great degree of emphasis. This finding is consistent with the literature which indicates that beginning faculty members need two categories of information for survival - the teaching assignment and personal affairs (Conway and Glass, 1978).

The mean scores for actual emphasis on needs related to general orientation to the hospital indicate that current orientation programs are placing only a little to a moderate degree of emphasis on these needs. The least discrepancy between ideal and actual emphasis occurs with regard to employee benefits followed by fire and safety procedures, departments and services, and formal lines of communication. These needs are most likely addressed in the general hospital orientation conducted by the inservice department and are not the responsibility of the school of nursing. The greatest discrepancies occurred with regard to becoming familiar with policy and procedure manuals,

personnel policies and nursing units. These are more specific to the position of nurse educator and are the needs most likely addressed by individuals in the school.

Orientation to the School of Nursing

Findings. Table 5 summarizes the opinions of nurse educators with regard to ideal and actual emphasis on orientation needs related to the school of nursing. The mean scores for ideal emphasis indicate that respondents would prefer that a moderate to great degree of emphasis be placed on each of these needs in the orientation of beginning nurse educators. The needs of orientation to the faculty job description, the faculty development and/or evaluation system and faculty policies received the highest ratings while committees, admission requirements, the physical layout and clerical services received the lowest ratings within the category. Current orientation programs place from no or very little to a moderate degree of emphasis on these needs as indicated by the mean scores in the actual column.

t tests indicated that the difference between the actual and ideal emphasis placed on each need was again statistically significant at the .001 level. The areas of greatest discrepancy included: faculty development and/or evaluation system; faculty policies; faculty job description; admission requirements; and student services. The least discrepancy occurred with regard to familiarization with committees, school organization, physical layout, and formal lines of communication.

One additional need, bookkeeping, was identified in the other category.

TABLE 5

A COMPARISON OF OPINION REGARDING IDEAL AND ACTUAL EMPHASIS ON ORIENTATION TO THE SCHOOL OF NURSING

Need	Mean Score Ideal (N = 105)	Mean Score Actual (N = 105)	Difference	Rank
1. Organization	3.93	3.13	0.80[a]	10
2. Formal Lines of Communication	3.91	3.08	0.83[a]	8
3. Physical Layout	3.36	2.55	0.81[a]	9
4. Faculty Job Description	4.25	2.86	1.39[a]	3
5. Faculty Development and/or Evaluation System	4.11	2.50	1.61[a]	1
6. Faculty Policies	4.11	2.57	1.54[a]	2
7. Clerical Services	3.38	2.44	0.94[a]	6
8. Committees	3.23	2.52	0.71[a]	11
9. Admission Requirements	3.23	1.93	1.30[a]	4
10. Student Policies	3.98	3.09	0.89[a]	7
11. Student Services	3.48	2.38	1.10[a]	5

[a] *t* test significant at the .001 level

Discussion. The mean scores for ideal emphasis on needs related to orientation to the school of nursing are generally higher than those indicated for orientation to the hospital. This is likely

because these needs are more pertinent to the daily functioning of the nurse educator. Current orientation programs are emphasizing these needs about the same as those related to orientation to the hospital with the exception of school organization, formal lines of communication, and student policies which tend to receive more emphasis.

The greatest discrepancies between ideal and actual emphasis occur with regard to the faculty development and/or evaluation system, faculty policies and the faculty job description. This may be explained by the difficulty in clearly defining the role of the nurse educator (Heidgerkin, 1965; Williamson, 1976; Chesner, 1977) and hence a lack of well articulated job descriptions, policies and an evaluation system for faculty members in the various schools of nursing.

Admission requirements and student services are the other two needs with the greatest discrepancy between ideal and actual emphasis. Literature pertaining to the use of conceptual frameworks (Chater, 1975) in schools of nursing indicates that the learner must be taken into consideration in all decisions relating to curriculum. Admission requirements provide some of this information. It is interesting to note that this is the need rated the lowest in terms of emphasis by current orientation programs.

Orientation to the General Curriculum

Findings. Table 6 summarizes nurse educators' opinions regarding orientation to the general curriculum. Within this category, nurse educators preferred that the greatest emphasis be placed on becoming familiar with the conceptual framework and/or philosophy of the school followed by general components of the curriculum, promotion

TABLE 6

A COMPARISON OF OPINION REGARDING IDEAL AND ACTUAL EMPHASIS ON ORIENTATION TO THE GENERAL CURRICULUM

Need	Mean Score Ideal (N = 105)	Mean Score Actual (N = 105)	Difference	Rank
1. Conceptual Framework and/or Philosophy	4.35	3.17	1.18[a]	5
2. General Components of the Curriculum	4.32	3.16	1.16[a]	6
3. Master Rotation	3.49	2.50	0.99[a]	7
4. Promotion Criteria	4.21	2.87	1.34[a]	4
5. Instructional Resource Services	4.07	2.53	1.54[a]	3
6. Audiovisual Equipment	3.48	1.69	1.79[a]	2
7. Teaching Methods	3.96	1.92	2.04[a]	1

[a] *t* test significant at the .001 level

criteria, and instructional resource services. Respondents also indicated that a moderate to great degree of emphasis should be placed on teaching methods, the master rotation and operation of audiovisual equipment. Current orientation programs place: very little or little emphasis on operating audiovisual equipment and teaching methods; little to a moderate degree of emphasis on the master rotation,

instructional resource services and promotion criteria; and a moderate to great degree of emphasis on the conceptual framework and/or philosophy of the school and the general components of the curriculum.

Table 6 shows the difference between the mean scores for ideal and actual emphasis on needs related to orientation to the general curriculum and ranks these differences. The greatest discrepancy occurs with regard to teaching methods. The needs related to operation of audiovisual equipment, available instructional resource services and promotion criteria show the next largest discrepancies and are followed by: the conceptual framework and/or philosophy; general components of the curriculum; and the master rotation. All differences between ideal and actual emphasis were significant at the .001 level utilizing the *t* test.

Discussion. The mean scores for needs in this category were again higher than those of general orientation to the hospital or to the school of nursing. This likely reflects the need for information specific to the teaching assignment (Conway and Glass, 1978). The needs in this category which were given the greatest emphasis by nurse educators included becoming familiar with: the conceptual framework and/or philosophy; general components of the curriculum; promotion criteria; and instructional resource services. This is information which is specific to the school of nursing and the teaching assignment. The other needs, teaching methods and operation of audiovisual equipment, are not rated as highly and may reflect knowledge and skill that the beginning nurse educator brings to the position.

As expected, current orientation programs do not place as much emphasis on any need as that preferred by nurse educators. It is noteworthy that the least emphasis is placed on operating audiovisual equipment and teaching methods. This may again indicate that this is prerequisite knowledge and skill required by a beginning nurse educator. More emphasis is given to the master rotation, instructional resource services and promotion criteria in orienting beginning nurse educators with the greatest emphasis placed on the conceptual framework and general components of the curriculum. These needs are specific to the various schools and reflect information required by beginning nurse educators as they assume their teaching role.

It is interesting to note that even though teaching methods was not emphasized as highly as other needs, the greatest difference between the ideal and actual situation occurred with regard to this need. As the planning of orientation programs generally is an administrative function, this may reflect a discrepancy between the required qualifications for the position of nurse educator and that which nurse educators feel they possess. This may also explain the difference in scores for operating audiovisual equipment.

These findings support the statement of Fitzpatrick and Heller (1980) who indicated that clinicians employed as nurse educators lack the requisite knowledge and skills of higher education. Specifically, orientation was required in the areas of curriculum design and instructional strategies and technology.

Orientation to Their Particular Course or Subject Matter Content

Findings. Table 7 shows that nurse educators prefer that needs related to their particular course or subject matter content receive a moderate to very great degree of emphasis in the orientation of beginning nurse educators. Current orientation programs place less than moderate emphasis on any of these needs.

The orientation needs in this category that received the greatest degree of emphasis in the ideal situation included: clinical practice expectations; course or subject matter content; the relationship between course content and clinical practice; evaluating clinical performance; the relationship between their course and the curriculum as a whole; promotion criteria; and documenting clinical performance. Selection of patient assignments and selection of content for a particular class were also given great to very great emphasis. Preference for emphasis on the other needs related to their particular course or subject matter content fell between the moderate to great ratings.

Table 7 also indicates that the greatest difference between ideal and actual emphasis was in regard to organization of content for presentation. This was closely followed by documenting clinical performance and selection of content for a particular class. The lowest discrepancy was in recording marks.

Additional areas of need identified in the other space included: use of post conferences; printing handouts; and awareness of "problem" students.

TABLE 7

A COMPARISON OF OPINION REGARDING IDEAL AND ACTUAL EMPHASIS ON ORIENTATION TO THEIR PARTICULAR COURSE OR SUBJECT MATTER CONTENT

Need	Mean Score (N = 105) Ideal	Actual	Difference	Rank
1. Course Content	4.41	2.93	1.48[a]	10.5[b]
2. Relationship Between Course and Curriculum	4.30	2.63	1.67[a]	7
3. Relationship Between Course Content and Clinical Practice	4.35	2.91	1.44[a]	12
4. Resource Materials	3.89	2.97	0.92[a]	16
5. Community Agencies	3.58	2.39	1.19[a]	15
6. Student Rotations	3.73	2.88	0.85[a]	17
7. Selection of Content	4.03	2.09	1.94[a]	3
8. Organization of Content	3.90	1.91	1.99[a]	1
9. Selection of Teaching Methodology	3.67	1.83	1.84[a]	4
10. Clinical Practice Expectations	4.43	2.95	1.48[a]	10.5[b]
11. Selection of Patient Assignments	4.01	2.23	1.78[a]	5
12. Documenting Clinical Performance	4.14	2.23	1.91[a]	2
13. Promotion Criteria	4.20	2.87	1.33[a]	13
14. Evaluating Clinical Performance	4.35	2.74	1.61[a]	8
15. Recording Marks	3.25	2.56	0.69[a]	18
16. Writing Objectives	3.45	1.73	1.72[a]	6
17. Exam Construction	3.71	2.15	1.56[a]	9
18. Exam Analysis	3.28	2.04	1.24[a]	14

[a] *t* test significant at the .001 level.

[b] Tied ranks.

Discussion. All of the needs in this category have importance in the orientation of beginning nurse educators. Those given the highest priority by the respondents (clinical practice expectations; course content; the relationship between clinical practice and course content; evaluating clinical performance; the relationship between the course and curriculum as a whole; promotion criteria; and documenting clinical performance) reflect some of the areas of concern identified by Fitzpatrick and Heller (1980) and are directly related to the teaching assignment (Conway and Glass, 1978). The needs reflecting the elements of curriculum with which nurse educators must be familiar (Sheahan, 1978) received at least a moderate degree of emphasis in the ideal situation. Current orientation programs place little to moderate emphasis on most of these needs.

The greatest differences between ideal and actual emphasis again occurred in needs reflecting the specific teaching assignment. More general areas of need such as recording marks, student rotations and resource materials showed much less discrepancy. This may be due to the fact that it is easier to present factual information such as rotations and clerical procedures or that nurse educators tend to understand this information better and hence feel it received more emphasis.

Orientation to Interpersonal Relationships

Findings. Table 8 summarizes the findings related to ideal and actual emphasis on orientation needs pertaining to interpersonal relationships. Respondents preferred that all needs receive a moderate to great degree of emphasis with the exception of informal communication

TABLE 8

A COMPARISON OF OPINION REGARDING IDEAL AND ACTUAL EMPHASIS ON ORIENTATION TO INTERPERSONAL RELATIONSHIPS

Need	Mean Score (N = 105) Ideal	Actual	Difference	Rank
1. Informal Communication Patterns	2.90	2.07	0.83[a]	8
2. Confidentiality	3.75	2.47	1.28[a]	6
3. Rapport with Students	3.43	1.75	1.68[a]	3
4. Feedback to Students	3.89	2.08	1.81[a]	1
5. Counselling Students	3.55	1.88	1.67[a]	4
6. Student Rights	3.83	2.43	1.40[a]	5
7. Relationship Between School and Hospital	3.79	2.66	1.13[a]	7
8. Rapport with Nursing Staff	3.70	2.01	1.69[a]	2

[a] *t* test significant at the .001 level.

patterns which fell between little to moderate emphasis. Current orientation programs again placed less than a moderate degree of emphasis on any of these needs.

The needs given the greatest ideal emphasis in this category were feedback to students and student rights and responsibilities. Current orientation programs placed the greatest emphasis on the

relationship between the school and the hospital and confidentiality. Student rights was given the third greatest degree of emphasis. The greatest difference between the ideal and actual situation occurred with regard to feedback to students followed by: rapport with nursing staff; rapport with students; counselling students; student rights; confidentiality; relationship between the school and the hospital; and informal communication patterns.

Additional needs in this category which were identified by respondents included: relationship with other nursing programs; inter-group communication; potential resources; and hospital nursing committees.

Discussion. Nurse educators did not place more than a moderate to great degree of ideal emphasis on any need related to orientation to interpersonal relationships. Feedback to students was given the greatest degree of ideal emphasis and is also the need where the greatest discrepancy occurred between the ideal and actual situation. This need probably is the one most pertinent to the teaching assignment and hence seen as most important in the orientation of beginning nurse educators.

DIFFERENCES AMONG GROUPS IN OPINIONS REGARDING IDEAL AND ACTUAL EMPHASIS ON ORIENTATION NEEDS

The study was also concerned with differences in opinion regarding orientation needs among groups based on personal, professional and situational variables. The specific variables included:

highest level of education; nursing experience other than in education; nursing education experience; age; type of present employment; length of present employment; area of major responsibility; and school of nursing. *t* and F tests were utilized to determine statistically significant differences among groups.

Findings.

Table 9 indicates where statistically significant differences in opinion occurred among the various groups with regard to ideal and actual emphasis on orientation needs. Groups based on the variables of major area of responsibility and school of nursing were found to have statistically significant differences most often while the groups based on the other variables showed few differences.

Level of education. Groups based on level of education were found to have the most difference in opinion regarding actual emphasis on orientaton needs. Specifically the significant differences were:

1. nurse educators with a masters or doctoral degree felt that the current orientation program placed more emphasis on personnel policies, the faculty development and/or evaluation system, faculty policies, the relationship between the school and the hospital, and establishing rapport with nursing unit staff than did nurse educators with a bachelor of science in nursing degree; and

2. those with a masters or doctoral degree felt that a greater degree of emphasis was required on how to establish rapport with nursing unit staff.

Nursing experience other than in education. These groups were found to have no significant differences in opinion regarding emphasis on needs except:

TABLE 9

DIFFERENCES AMONG GROUPS IN OPINIONS REGARDING

IDEAL AND ACTUAL EMPHASIS ON ORIENTATION NEEDS

Orientation Need	Level of Education t test	Nursing Experience F test	Nursing Education Experience F test	Age F test	Type of Employment t test	Length of Employment F test	Area of Responsibility F test	School F test
Number in Groups	91,6	16,38,50	27,18,23,37	44,29,14,15	93,12	45,18,21,19	89,10,6	28,39,25,18
A. General Orientation to the Hospital								
1. Departments and Services								
Ideal								
Actual								a
2. Employee Benefits								
Ideal					b		c	
Actual						c	c	a
3. Personnel Policies								
Ideal							c	
Actual	c							
4. Fire and Safety Procedures								
Ideal							c	
Actual								a
5. Policy and Procedure Manuals								
Ideal							a	
Actual								
6. Formal Lines of Communication								
Ideal							c	
Actual								c
7. Nursing Units								
Ideal								
Actual							b	a

[a]Significant at the .001 level.
[b]Significant at the .01 level.
[c]Significant at the .05 level.

TABLE 9 (continued)

Orientation Need	Level of Education t test	Nursing Experience F test	Nursing Education Experience F test	Age F test	Type of Employment t test	Length of Employment F test	Area of Responsibility F test	School F test
Number in Groups	91,6	16,38,50	27,18,23,37	44,29,14,15	93,12	45,18,21,15	89,10,6	28,39,25,18
B. Orientation to the School of Nursing								
1. Organization								
Ideal								
Actual			b			b		
2. Formal Lines of Communication								
Ideal								
Actual			b			a		
3. Physical Layout								
Ideal							c	
Actual			c			b		
4. Faculty Job Description								
Ideal			c					
Actual			c					
5. Development and/or Evaluation Systems								
Ideal								
Actual	c						c	a
6. Faculty Policies								
Ideal								
Actual	c							
7. Clerical Services								
Ideal								b
Actual							b	
8. Committees								
Ideal								
Actual				c			c	c

[a]Significant at the .001 level.
[b]Significant at the .01 level.
[c]Significant at the .05 level.

TABLE 9 (continued)

Orientation Need	Level of Education t test	Nursing Experience F test	Nursing Education Experience F test	Age F test	Type of Employment t test	Length of Employment F test	Area of Responsibility F test	School F test
Number in Groups	91,6	16,38,50	27,18,23,37	44,29,14,15	93,12	45,18,21,19	89,10,6	28,39,25,18
9. Admission Requirements								
Ideal								c
Actual								
10. Student Policies								
Ideal								
Actual								b
11. Student Services								
Ideal								
Actual								
C. Orientation to the General Curriculum								
1. Conceptual Framework and/or Philosophy								
Ideal			c					c
Actual								a
2. General Components of the Curriculum								
Ideal								
Actual								a
3. Master Rotation								
Ideal								
Actual								
4. Promotion Criteria								
Ideal								
Actual								c
5. Instructional Resource Services								
Ideal								
Actual								

[a]Significant at the .001 level.
[b]Significant at the .01 level.
[c]Significant at the .05 level.

TABLE 9 (continued)

Orientation Need	Level of Education t test	Nursing Experience F test	Nursing Education Experience F test	Age F test	Type of Employment t test	Length of Employment F test	Area of Responsibility F test	School F test
Number in Groups	91,6	16,38,50	27,18,23,37	44,29,14,15	93,12	45,18,21,19	89,10,6	28,39,25,18
6. Audiovisual Equipment								
Ideal								
Actual								b
7. Teaching Methods								
Ideal								
Actual							c	
D. Orientation to Their Particular Course or Subject								
1. Course Content								
Ideal								
Actual						c	a	b
2. Relationship Between Course and Curriculum								
Ideal			c					
Actual							c	c
3. Relationship Between Content and Clinical Practice								
Ideal								
Actual								
4. Resource Materials								
Ideal								
Actual							c	
5. Community Agencies								
Ideal								
Actual							b	

[a]Significant at the .001 level.
[b]Significant at the .01 level.
[c]Significant at the .05 level.

TABLE 9 (continued)

Orientation Need	Level of Education t test	Nursing Experience F test	Nursing Education Experience F test	Age F test	Type of Employment t test	Length of Employment F test	Area of Responsibility F test	School F test
Number in Groups	91,6	16,38,50	27,18,23,37	44,29,14,15	93,12	45,18,21,19	89,10,6	28,39,25,18
6. Student Rotations								
Ideal								
Actual							c	
7. Selection of Content								
Ideal								
Actual							c	b
8. Organization of Content								
Ideal								
Actual		c						c
9. Selection of Teaching Methodology								
Ideal								
Actual		c						
10. Clinical Practice Expectations								
Ideal								
Actual								b
11. Selection of Patient Assignments								
Ideal								
Actual							c	
12. Documenting Clinical Performance								
Ideal								
Actual								b
13. Promotion Criteria								
Ideal								
Actual								a

[a]Significant at the .001 level.
[b]Significant at the .01 level.
[c]Significant at the .05 level.

TABLE 9 (continued)

Orientation Need	Level of Education t test	Nursing Experience F test	Nursing Education Experience F test	Age F test	Type of Employment t test	Length of Employment F test	Area of Responsibility F test	School F test
Number in Groups	91,6	16,38,50	27,18,23,37	44,29,14,15	93,12	45,18,21,19	89,10,6	28,39,25,18
14. Evaluating Clinical Performance								
Ideal								
Actual								b
15. Recording Marks								
Ideal								
Actual								
16. Writing Objectives								
Ideal								
Actual								
17. Exam Construction								
Ideal								c
Actual								a
18. Exam Analysis								
Ideal								
Actual								a
E. Orientation to Interpersonal Relationships								
1. Informal Communication Patterns								
Ideal								
Actual								c
2. Confidentiality								
Ideal								
Actual		c						
3. Rapport with Students								
Ideal								
Actual								

[a]Significant at the .001 level.
[b]Significant at the .01 level.
[c]Significant at the .05 level.

TABLE 9 (continued)

Orientation Need	Level of Education t test	Nursing Experience F test	Nursing Education Experience F test	Age F test	Type of Employment t test	Length of Employment F test	Area of Responsibility F test	School F test
Number in Groups	91,6	16,38,50	27,18,23,37	44,29,14,15	93,12	45,18,21,19	89,10,6	28,39,25,18
4. Feedback to Students								
Ideal								
Actual							c	
5. Counselling Students								
Ideal								
Actual								
6. Student Rights								
Ideal								
Actual								c
7. Relationship Between School and Hospital								
Ideal								
Actual	c							
8. Rapport with Nursing Staff								
Ideal	c							
Actual	c							

[a]Significant at the .001 level.
[b]Significant at the .01 level.
[c]Significant at the .05 level.

1. those with three to five years experience preferred that more emphasis be placed on the organization of content than did those with six or more years of experience;

2. nurse educators with only one to two years of nursing experience wanted more emphasis on selection of teaching methodology than did those with six or more years of experience; and

3. nurse educators with one to two years experience preferred more emphasis on confidentiality than did those with three to five years of nursing service.

Nursing education experience. The few differences in opinion among groups based on nursing education experience occurred with regard to needs related to orientation to the school of nursing. The significant differences among groups were:

1. nurse educators with one year or less experience felt that more emphasis was actually placed on school organization than did those with either two or three to five years experience;

2. the group with three to five years experience felt that less emphasis was actually placed on formal lines of communication than did those with one year or less or six years or more experience;

3. those with one year or less experience felt that the current orientation program placed more emphasis on the physical layout and the faculty job description than did those with three to five years experience; and

4. the least experienced faculty members indicated less preference for emphasis on the faculty job description, conceptual framework, and the relationship between course and curriculum than did the most experienced faculty members.

Age. The only significant difference in opinion among groups based on age was that those nurse educators 41 and over wanted more emphasis on committees than did those in the 35 to 40 age group.

Type of employment. Full- and part-time nurse educators did not have significantly different opinions regarding emphasis on orientation needs with the exception that full-time faculty wanted more emphasis on employee benefits.

Length of employment. Few significant differences in opinion existed among groups based on this variable. They were:

1. those employed six or more years felt that more emphasis was actually placed on employee benefits than did nurse educators who had been employed between one and two years;
2. nurse educators employed one year or less felt that current orientation programs placed more emphasis on school organization, formal lines of communication, and physical layout than did those employed three to five years;
3. employees of six or more years felt more emphasis was placed on formal lines of communication and physical layout than did those employed three to five years; and
4. the group employed between one and two years felt that less emphasis was actually placed on formal lines of communication than did the groups employed one year or less or six years and more.

Major area of responsibility. Table 10 summarizes the differences among groups based on major area of responsibility in their opinions regarding ideal and actual emphasis on orientation needs. The

TABLE 10

DIFFERENCES AMONG GROUPS BASED ON MAJOR AREA OF RESPONSIBILITY IN OPINIONS REGARDING IDEAL AND ACTUAL EMPHASIS ON ORIENTATION NEEDS

Orientation Need		Mean Scores Teachers N=89	Administration N=10	Others N=6	Significance	Significantly Different Pairs
A. General Orientation to the Hospital						
1. Departments and Services						
	Ideal	3.21	3.10	2.67		
	Actual	2.24	2.40	2.00		
2. Employee Benefits						
	Ideal	3.13	3.60	2.50	c	2-3
	Actual	2.50	3.10	1.83	c	2-3
3. Personnel Policies						
	Ideal	3.83	3.90	2.67	c	3-1,3-2
	Actual	2.31	3.00	2.33		
4. Fire and Safety Procedures						
	Ideal	3.84	3.80	2.83	c	1-3
	Actual	3.11	3.00	2.67		
5. Policy and Procedure Manuals						
	Ideal	3.88	3.80	2.50	a	3-1,3-2
	Actual	3.11	2.70	2.00		
6. Formal Lines of Communication						
	Ideal	3.88	3.50	2.67	c	1-3
	Actual	2.41	2.70	2.17		

[a]F test significant at the .001 level.
[b]F test significant at the .01 level.
[c]F test significant at the .05 level.

TABLE 10 (Continued)

Orientation Need		Teachers N=89	Mean Scores Administration N=10	Others N=6	Significance	Significantly Different Pairs
7. Nursing Units						
	Ideal	4.48	4.30	3.83		
	Actual	2.72	4.10	2.83	b	1-2
B. Orientation to the School of Nursing						
1. Organization						
	Ideal	3.99	4.00	3.17		
	Actual	3.10	3.40	3.00		
2. Formal Lines of Communication						
	Ideal	3.98	3.80	3.33		
	Actual	3.08	3.20	2.83		
3. Physical Layout						
	Ideal	3.38	3.90	2.50	c	3-1,3-2
	Actual	2.50	3.10	2.33		
4. Faculty Job Description						
	Ideal	4.25	4.60	3.83		
	Actual	2.80	3.40	3.17		
5. Faculty Development and/or Evaluation System						
	Ideal	4.16	4.00	3.67		
	Actual	2.38	3.20	2.83	c	1-2

[a]F test significant at the .001 level.
[b]F test significant at the .01 level.
[c]F test significant at the .05 level.

TABLE 10 (Continued)

Orientation Need	Mean Scores Teachers N=89	Administration N=10	Others N=6	Significance	Significantly Different Pairs
6. Faculty Policies					
Ideal	4.15	4.20	3.50		
Actual	2.51	3.10	2.50		
7. Clerical Services					
Ideal	3.39	3.50	3.00		
Actual	2.34	3.30	2.50	b	1-2
8. Committee					
Ideal	3.31	3.00	2.50	c	1-3
Actual	2.53	2.50	2.33		
9. Admission Requirements					
Ideal	3.28	3.20	2.67		
Actual	1.85	2.40	2.33		
10. Student Policies					
Ideal	3.99	4.20	3.50		
Actual	3.03	3.50	3.17		
11. Student Services					
Ideal	3.51	3.80	2.83		
Actual	2.36	2.80	2.00		
C. Orientation to the General Curriculum					
1. Conceptual Framework and/or Philosophy					
Ideal	4.30	4.80	4.33		
Actual	3.13	3.90	2.67		

[a]F test significant at the .001 level.
[b]F test significant at the .01 level.
[c]F test significant at the .05 level.

TABLE 10 (Continued)

Orientation Need	Mean Scores Teachers N=89	Administration N=10	Others N=6	Significance	Significantly Different Pairs
2. General Components of the Curriculum					
Ideal	4.29	4.50	4.50		
Actual	3.14	3.50	3.00		
3. Master Rotation					
Ideal	3.48	3.80	3.33		
Actual	2.48	2.80	2.33		
4. Promotion Criteria					
Ideal	4.19	4.50	4.00		
Actual	2.79	3.70	2.67		
5. Instructional Resource Services					
Ideal	4.07	4.10	4.17		
Actual	2.50	3.00	2.17		
6. Audiovisual Equipment					
Ideal	3.53	3.60	2.67		
Actual	1.65	1.90	1.83		
7. Teaching Methods					
Ideal	3.94	4.10	4.00		
Actual	1.85	2.60	1.83	c	1-2
D. Orientation to Their Particular Course or Subject Matter Content					

[a]F test significant at the .001 level.
[b]F test significant at the .01 level.
[c]F test significant at the .05 level.

TABLE 10 (Continued)

Orientation Need	Mean Scores Teachers N=89	Administration N=10	Others N=6	Significance	Significantly Different Pairs
1. Course Content					
Ideal	4.39	4.50	4.50		
Actual	2.76	4.00	3.69	a	1-2
2. Relationship Between Course and Curriculum					
Ideal	4.25	4.70	4.33		
Actual	2.49	3.40	3.00	c	1-2
3. Relationship Between Course Content and Clinical Practice					
Ideal	4.33	4.60	4.17		
Actual	2.81	3.60	3.00		
4. Resource Materials					
Ideal	3.90	4.00	3.67	c	1-2
Actual	2.86	3.90	3.00		
5. Community Agencies					
Ideal	3.58	3.90	3.00		
Actual	2.29	3.40	2.17	b	2-1,2-3
6. Student Rotations					
Ideal	3.72	4.00	3.50		
Actual	2.77	3.70	3.00	a	1-2
7. Selection of Content					
Ideal	4.01	4.20	4.00		
Actual	2.03	2.90	1.67	c	2-1,2-3

[a]F test significant at the .001 level.
[b]F test significant at the .01 level.
[c]F test significant at the .05 level.

TABLE 10 (Continued)

Orientation Need	Mean Scores Teachers N=89	Administration N=10	Others N=6	Significance	Significantly Different Pairs
8. Organization of Content					
Ideal	3.91	3.90	3.83		
Actual	1.90	2.50	1.50		
9. Selection of Teaching Methodology					
Ideal	3.65	3.70	3.83		
Actual	1.83	2.10	1.33		
10. Clinical Practice Expectations					
Ideal	4.40	4.60	4.50		
Actual	2.90	3.60	2.67		
11. Selection of Patient Assignments					
Ideal	3.97	4.50	3.83		
Actual	2.11	3.10	2.33		
12. Documenting Clinical Performance					
Ideal	4.13	4.20	4.17		
Actual	2.12	2.70	3.00		
13. Promotion Criteria					
Ideal	4.26	3.90	3.83		
Actual	2.84	3.00	3.00		

[a]F test significant at the .001 level.
[b]F test significant at the .01 level.
[c]F test significant at the .05 level.

TABLE 10 (Continued)

Orientation Need		Mean Scores Teachers N=89	Administration N=10	Others N=6	Significance	Significantly Different Pairs
14. Evaluating Clinical Performance						
	Ideal	4.35	4.30	4.50		
	Actual	2.70	3.30	2.50		
15. Recording Marks						
	Ideal	3.24	3.40	2.83		
	Actual	2.52	3.00	2.50		
16. Writing Objectives						
	Ideal	3.56	2.90	3.00		
	Actual	1.73	1.80	1.67		
17. Exam Construction						
	Ideal	3.79	3.20	3.50		
	Actual	2.18	2.10	1.83		
18. Exam Analysis						
	Ideal	3.38	2.90	2.67		
	Actual	2.07	2.00	1.67		
E. Orientation to Interpersonal Relationships						
1. Informal Communication Patterns						
	Ideal	2.94	3.00	2.17		
	Actual	2.08	2.30	1.50		
2. Confidentiality						
	Ideal	3.73	4.20	3.50		
	Actual	2.44	2.70	2.50		

[a]F test significant at the .001 level.
[b]F test significant at the .01 level.
[c]F test significant at the .05 level.

TABLE 10 (Continued)

Orientation Need	Mean Scores Teachers N=89	Administration N=10	Others N=6	Significance	Significantly Different Pairs
3. Rapport with Students					
Ideal	3.38	3.60	3.83		
Actual	1.72	2.10	1.67		
4. Feedback to Students					
Ideal	3.83	4.20	4.17		
Actual	1.84	2.30	1.67	c	2-1,2-3
5. Counselling Students					
Ideal	3.57	3.50	3.33		
Actual	1.84	2.30	1.67		
6. Student Rights					
Ideal	3.81	4.00	3.83		
Actual	2.38	2.90	2.33		
7. Relationship Between School and Hospital					
Ideal	3.82	3.80	3.17		
Actual	2.66	3.00	2.17		
8. Rapport with Nursing Staff					
Ideal	3.67	3.90	3.67		
Actual	1.97	2.70	2.00		

[a]F test significant at the .001 level.
[b]F test significant at the .01 level.
[c]F test significant at the .05 level.

majority of differences occur with regard to needs related to orientation to the hospital and their particular course or subject matter content. In almost all significant differences the administrative group has indicated a greater ideal or actual emphasis on the need than one or both of the other groups.

School of nursing. Table 11 presents the findings related to differences in opinion among groups based on school of nursing. As expected, the majority of significant differences among groups occurs with regard to the actual emphasis on a particular orientation need. Appendix F presents a comparison of the emphasis on orientation needs in each of the current programs with that preferred in the ideal situation.

Discussion

The variables of level of education, nursing service experience, nursing education experience, age, type of employment, and length of present employment do not separate nurse educators into groups with significantly different opinions regarding the ideal and actual emphasis on orientation needs of beginning nurse educators. The few statistically significant differences in opinion which do occur between groups based on these variables may be due to the small numbers in some groups or chance alone.

Level of education. The lack of difference in opinion between nurse educators prepared at the baccalaureate and masters or doctoral level may point to the inadequacy of graduate education in preparing individuals for the role of nurse educator. This would support the literature (Fitzpatrick and Heller, 1980; Donley et al., 1973; McKay, 1971) which suggests that graduate education does not provide all of the necessary knowledge and skills required by the nurse educator.

TABLE 11

DIFFERENCES AMONG GROUPS BASED ON SCHOOL IN OPINIONS REGARDING IDEAL AND ACTUAL EMPHASIS ON ORIENTATION NEEDS

Orientation Need	Mean Scores				Significance	Significantly Different Pairs
	*1	2	3	4		
A. General Orientation to the Hospital						
1. Departments and Services						
Ideal	2.95	3.52	3.22	3.16		
Actual	2.15	2.09	3.06	1.92	a	3-1,3-2,3-4
2. Employee Benefits						
Ideal	3.10	3.26	3.50	2.84		
Actual	2.36	2.45	3.44	2.16	a	3-1,3-2,3-4
3. Personnel Policies						
Ideal	3.67	3.87	3.89	3.75		
Actual	2.36	2.41	2.67	2.17		
4. Fire and Safety Procedures						
Ideal	3.67	4.09	3.72	3.72		
Actual	2.90	3.83	3.56	2.29	a	4-3,4-2,1-2
5. Policy and Procedure Manuals						
Ideal	3.85	3.73	4.06	3.56		
Actual	2.56	2.62	2.17	2.20		
6. Formal Lines of Communication						
Ideal	3.51	3.83	3.56	3.52		
Actual	2.46	2.45	3.11	2.12	c	3-4

[a]F test significant at the .001 level.
[b]F test significant at the .01 level.
[c]F test significant at the .05 level.
*N's = 39,23,25,18 (these do not correspond with school 1,2,3,4)

TABLE 11 (continued)

Orientation Need		Mean Scores *1	2	3	4	Significance	Significantly Different Pairs
7. Nursing Units							
	Ideal	4.41	4.48	4.39	4.44		
	Actual	3.33	2.05	2.67	2.96	a	2-1,2-4
B. Orientation to the School of Nursing							
1. Organization							
	Ideal	3.87	4.00	4.00	3.96		
	Actual	3.10	3.33	2.82	3.20		
2. Formal Lines of Communication							
	Ideal	3.77	4.04	4.00	4.00		
	Actual	3.08	3.00	3.18	3.08		
3. Physical Layout							
	Ideal	3.33	3.48	3.17	3.52		
	Actual	2.62	2.45	2.44	2.60		
4. Faculty Job Description							
	Ideal	4.28	4.26	4.00	4.40		
	Actual	2.97	3.09	2.44	2.84		
5. Faculty Development and/or Evaluation System							
	Ideal	4.05	4.35	3.78	4.24		
	Actual	3.08	2.27	1.72	2.28	a	1-2,1-3,1-4
6. Faculty Policies							
	Ideal	4.08	4.26	4.11	4.04		
	Actual	2.82	2.45	2.22	2.52		

[a]F test significant at the .001 level.
[b]F test significant at the .01 level.
[c]F test significant at the .05 level.
*N's = 39,23,25,18 (these do not correspond with school 1,2,3,4)

TABLE 11 (continued)

Orientation Need	Mean Scores				Significance	Significantly Different Pairs
	*1	2	3	4		
7. Clerical Services						
Ideal	3.13	3.74	3.06	3.68	b	1-4,1-2,2-3
Actual	2.51	2.36	2.11	2.64		
8. Committees						
Ideal	3.08	3.39	3.11	3.44		
Actual	2.41	2.41	2.17	3.04	c	4-1,4-3
9. Admission Requirements						
Ideal	2.95	3.61	3.06	3.48	c	1-2
Actual	1.87	2.27	1.67	1.92		
10. Student Policies						
Ideal	4.08	4.04	4.11	3.68		
Actual	3.38	3.27	3.94	2.56	b	4-1,4-2
11. Student Services						
Ideal	3.51	3.70	3.22	3.48		
Actual	2.37	2.77	2.00	2.32		
C. Orientation to the General Curriculum						
1. Conceptual Framework and/or Philosophy						
Ideal	4.31	4.57	3.94	4.52	c	2-3
Actual	3.05	4.14	2.78	2.80	a	2-1,2-3,2-4

[a]F test significant at the .001 level.
[b]F test significant at the .01 level.
[c]F test significant at the .05 level.
*N's = 39,23,25,18 (these do not correspond with school 1,2,3,4)

TABLE 11 (continued)

Orientation Need	Mean Scores *1	2	3	4	Significance	Significantly Different Pairs
2. General Components of the Curriculum						
Ideal	4.31	4.39	3.94	4.56		
Actual	3.10	3.86	2.72	2.96	a	2-1,2-3,2-4
3. Master Rotation						
Ideal	3.36	3.48	3.28	3.92		
Actual	2.54	2.91	1.94	2.50		
4. Promotion Criteria						
Ideal	4.13	4.35	3.89	4.44		
Actual	3.21	3.05	2.47	2.48	c	1-4
5. Instructional Resource Services						
Ideal	3.92	4.17	4.17	4.16		
Actual	2.67	2.45	2.11	2.68		
6. Audiovisual Equipment						
Ideal	3.21	3.59	3.88	3.56		
Actual	1.54	1.64	1.39	2.16	b	4-1,4-3
7. Teaching Methods						
Ideal	3.90	4.00	3.78	4.16		
Actual	2.03	1.90	1.67	1.96		
D. Orientation to Their Particular Course or Subject Matter Content						

[a]F test significant at the .001 level.
[b]F test significant at the .01 level.
[c]F test significant at the .05 level.
*N's = 39,23,25,18 (these do not correspond with school 1,2,3,4)

TABLE 11 (continued)

Orientation Need	Mean Scores *1	2	3	4	Significance	Significantly Different Pairs
1. Course Content						
Ideal	4.49	4.39	4.22	4.44		
Actual	3.41	2.78	2.72	2.48	b	1-4
2. Relationship Between Course and Curriculum						
Ideal	4.36	4.22	4.29	4.28		
Actual	2.77	3.04	2.17	2.28	c	2-3
3. Relationship Between Course Content and Clinical Practice						
Ideal	4.41	4.39	4.29	4.24		
Actual	3.15	2.87	2.83	2.56		
4. Resource Materials						
Ideal	3.67	4.17	4.06	3.88		
Actual	3.18	3.09	2.72	2.71		
5. Community Agencies						
Ideal	3.49	3.61	3.83	3.50		
Actual	2.49	2.39	2.59	2.08		
6. Student Rotations						
Ideal	3.67	3.78	3.78	3.75		
Actual	3.05	3.04	2.67	2.58		

[a]F test significant at the .001 level.
[b]F test significant at the .01 level.
[c]F test significant at the .05 level.
*N's = 39,23,25,18 (these do not correspond with school 1,2,3,4)

TABLE 11 (continued)

Orientation Need	Mean Scores *1	2	3	4	Significance	Significantly Different Pairs
7. Selection of Content						
Ideal	4.13	4.04	3.67	4.12		
Actual	2.44	2.30	1.72	1.64	b	1-4
8. Organization of Content						
Ideal	4.03	4.00	3.50	3.92		
Actual	2.23	2.00	1.78	1.52	c	1-4
9. Selection of Teaching Methodology						
Ideal	3.90	3.74	3.17	3.60		
Actual	2.03	2.00	1.56	1.56		
10. Clinical Practice Expectations						
Ideal	4.41	4.57	4.33	4.40		
Actual	3.31	3.22	2.61	2.40	b	1-4
11. Selection of Patient Assignments						
Ideal	4.23	3.87	3.94	3.83		
Actual	2.51	2.17	2.17	1.84		
12. Documenting Clinical Performance						
Ideal	4.31	4.13	3.94	4.04		
Actual	2.67	2.30	1.67	1.88	b	1-3,1-4
13. Promotion Criteria						
Ideal	4.18	4.52	4.11	4.00		
Actual	3.36	3.00	2.33	2.36	a	1-3,1-4

[a]F test significant at the .001 level.
[b]F test significant at the .01 level.
[c]F test significant at the .05 level.
*N's = 39,23,25,18 (these do not correspond with school 1,2,3,4)

TABLE 11 (continued)

Orientation Need	Mean Scores *1	2	3	4	Significance	Significantly Different Pairs
14. Evaluating Clinical Performance						
Ideal	4.38	4.52	4.17	4.28		
Actual	3.08	3.04	2.44	2.16	b	4-1,4-2
15. Recording Marks						
Ideal	2.97	3.26	3.33	3.52		
Actual	2.64	2.65	2.73	2.24		
16. Writing Objectives						
Ideal	3.36	3.78	3.33	3.44		
Actual	1.69	2.09	1.56	1.60		
17. Exam Construction						
Ideal	3.38	4.04	4.06	3.68	c	
Actual	1.64	3.09	2.44	1.88	a	2-1,2-4
18. Exam Analysis						
Ideal	3.00	3.52	3.56	3.36		
Actual	1.77	2.65	2.53	1.56	a	2-1,2-4,3-4
E. Orientation to Interpersonal Relationships						
1. Informal Communication Patterns						
Ideal	2.72	3.17	3.22	2.72		
Actual	2.23	2.09	2.39	1.56	c	4-1,4-3
2. Confidentiality						
Ideal	3.85	4.00	3.72	3.44		
Actual	2.74	2.29	2.61	2.08		

[a]F test significant at the .001 level.
[b]F test significant at the .01 level.
[c]F test significant at the .05 level.
*N's = 39,23,25,18 (these do not correspond with school 1,2,3,4)

TABLE 11

Orientation Need	Mean Scores *1	2	3	4	Significance	Significantly Different Pairs
3. Rapport with Students						
Ideal	3.85	4.00	3.72	3.44		
Actual	2.74	2.29	2.61	2.08		
4. Feedback to Students						
Ideal	4.00	4.04	3.50	3.84		
Actual	2.15	2.22	1.94	1.80		
5. Counselling Students						
Ideal	3.49	3.83	3.39	3.52		
Actual	2.08	1.78	1.61	1.89		
6. Student Rights						
Ideal	3.82	4.04	3.61	3.80		
Actual	2.77	2.57	2.11	2.00	c	1-4
7. Relationship Between School and Hospital						
Ideal	3.69	3.78	3.83	3.88		
Actual	3.00	2.43	2.61	2.40		
8. Rapport With Nursing Staff						
Ideal	3.62	4.00	3.28	3.84		
Actual	2.31	1.87	1.97	1.92		

[a]F test significant at the .001 level.
[b]F test significant at the .01 level.
[c]F test significant at the .05 level.
*N's = 39,23,25,18 (these do not correspond with school 1,2,3,4)

Nursing education experience. Few differences in opinion existed among groups based on nursing education experience, however, it is interesting to note that nurse educators with one year or less experience preferred less emphasis on the faculty job description, conceptual framework, and the relationship between their course and the rest of the curriculum than did the most experienced faculty. The fact that these needs were still given great to very great emphasis must be considered, however, this may still provide some support for the literature indicating that beginning teachers have needs which they may not recognize (Arends et al., 1978; Jones and Hayes, 1980).

Type of employment. The significant difference in opinion between nurse educators employed full-time and those employed part-time is logical in that part-time staff often do not receive the same benefits as full-time employees. Differences in opinion between these two groups were not expected as it is often experienced nurse educators who change from full-time to part-time positions within the school.

Length of employment. This did not differentiate among groups to any extent. The expected difference was that nurse educators in the various groups would have different perceptions regarding actual emphasis on orientation needs. Since this did not occur, it can be assumed that nurse educators employed for various periods of time have similar perceptions of the school's current orientation program.

Major area of responsibility. More significant differences in opinion occurred between groups with different major areas of

responsibility. With regard to needs related to general orientation to the hospital, the administrative group has in most instances placed a greater degree of actual emphasis on the needs than either of the other two groups. This is likely because administrators address these needs during the orientation program. The other group is most often different with regard to ideal emphasis on these needs. This group is comprised of individuals who are involved in curriculum development, special projects or positions with both administrative and teaching duties. It is likely that these are long term employees who are familiar with this information and do not think it is as important for a beginning nurse educator as other information.

Fewer significant differences in opinion occurred among these groups with regard to orientation needs related to the school of nursing and the general curriculum. The significant differences in opinions regarding actual emphasis on needs was most often between teachers and administrators with teachers indicating that less emphasis had been given to the need. The differences in the ideal situation were that the other group again placed less emphasis on these needs than one or both of the other groups. These discrepancies are likely for the same reasons as for needs related to general orientation to the hospital.

Many significant differences in opinion occurred with regard to actual emphasis on needs related to their particular course or subject matter content. In all instances, the administrative group felt that more emphasis had been given to the need in the current orientation program. This is likely explained by the fact that nurse educators

involved in a course or subject matter area conduct the orientation and administrators do not participate although they are responsible for initiating the procedure.

All three groups were similar in their opinions regarding orientation to interpersonal relationships. The only significant difference occurred in regard to feedback to students and again the administrative group felt more actual emphasis was given to this need.

School of nursing. As expected, almost all significant differences in opinion among groups based on school of nursing occurred with regard to actual emphasis on orientation needs. This is easily explained by the fact that one of the major goals of orientation is to assist new employees to become fully functioning members of the staff so that the goals of the educational program may be realized (Castetter, 1976; Sergiovanni and Carver, 1973; Rebore, 1982; Mauksch, 1982; Weinrich and Eakin, 1978). In order to accomplish this, orientation must take into consideration the specific organizational structure and goals of the school.

It is interesting to note that few differences in opinion existed with regard to ideal emphasis on orientation needs. This suggests that these needs represent important information for the beginning nurse educator despite place of employment and may suggest topics for inclusion in formal preparation programs.

SUMMARY

This chapter has analyzed and discussed the findings of the study related to the orientation needs of beginning nurse educators.

The initial section presented the mean scores for ideal and actual emphasis on orientation needs related to the hospital, the school of nursing, the general curriculum, their particular course and subject matter content and interpersonal relationships. The difference between the ideal and actual mean scores for each need was presented and ranked to show where the greatest discrepancies existed. The results of *t* tests were presented to indicate where statistically significant differences existed between ideal and actual emphasis on orientation needs.

The last section presented differences in opinion regarding orientation needs among groups based on personal, professional and situational variables. These findings were based on the results of *t* and F tests.

CHAPTER V

ANALYSIS OF THE DATA AND DISCUSSION OF THE FINDINGS RELATED TO ORIENTATION PROGRAMS

This chapter provides a description of the findings related to orientation programs for beginning nurse educators as well as a discussion of those findings. Specifically, this includes: ideal and actual use of orientation practices; ideal and actual involvement of individuals in planning the orientation; and general concerns regarding orientation. Differences in opinion among groups based on personal, professional and situational variables are also presented and discussed. Comments concerning the study are also presented. The final section provides a summary of the chapter.

IDEAL AND ACTUAL USE OF ORIENTATION PRACTICES

The findings of the study pertaining to nurse educators' opinions regarding ideal and actual use of orientation practices were summarized by mean scores, the difference between mean scores, and ranking of these differences. The results of t tests are presented to indicate where statistically significant differences between ideal and actual use exist. Appendix D contains the frequency and percentage distributions for orientation practices.

Findings

Table 12 summarizes the opinions of respondents with regard to ideal and actual use of orientation practices for beginning nurse educators. Preference for the use of practices ranged from little to

TABLE 12

A COMPARISON OF OPINION REGARDING IDEAL AND ACTUAL USE OF ORIENTATION PRACTICES

Orientation Practice	Mean Score (N = 105) Ideal	Actual	Difference	Rank
1. Providing for:				
a. Reduced Workload	3.61	2.53	1.08[a]	12.5[b]
b. Released Time	3.43	1.76	1.67[a]	4
c. Assignment of a Mentor	4.25	2.37	1.88[a]	2
2. Discussions with:				
a. Other Beginning Nurse Educators	3.56	2.42	1.14[a]	11
b. Experienced Nurse Educators	4.13	2.75	1.38[a]	7
c. Senior School Administrators	3.06	2.14	0.92[a]	15
d. Immediate Supervisors	3.93	3.13	0.80[a]	17
e. Clerical Staff	2.81	2.12	0.69[a]	20
f. Nursing Unit Staff	3.68	2.60	1.08[a]	12.5[b]
3. Attending Faculty Meetings	3.82	3.97	-0.15	22
4. Assigned Reading of:				
a. School Materials	3.83	3.25	0.58[a]	21
b. Reference Materials	3.67	2.92	0.75[a]	19
c. Policy and Procedure Manuals	3.69	2.81	0.88a	16
d. Illustrative Case Studies	3.42	1.42	2.00[a]	1

[a]t test significant at the .001 level.
[b]Tied ranks.

TABLE 12 (continued)

Orientation Practice	Mean Score Ideal (N = 105)	Mean Score Actual (N = 105)	Difference	Rank
5. Formal Presentations by:				
a. Experienced Nurse Educators	3.76	2.03	1.73[a]	3
b. Senior School Administrators	2.88	1.64	1.24[a]	8.5[b]
c. Immediate Supervisors	3.23	1.83	1.40[a]	5
d. Clerical Staff	2.12	1.34	0.78[a]	18
e. Hospital Inservice Staff	2.97	1.90	1.07[a]	14
6. Observation of Experienced Nurse Educators	4.10	2.45	1.65[a]	6
7. Teaching with Supervision	3.90	2.67	1.23[a]	10
8. Working on Nursing Units	3.90	2.66	1.24[a]	8.5[b]

[a]t test significant at the .001 level.
[b]Tied ranks.

more than great whereas most practices were used less than moderately in current orientation programs.

The orientation practices for which nurse educators indicated the greatest preference included: assignment of a mentor; discussions with experienced nurse educators; and observation of an experienced nurse educator in a classroom or clinical setting. Those for which they indicated the least preference were: formal presentations by clerical staff; discussions with clerical staff; and formal

presentations by senior school administrators. Current orientation programs use the following orientation practices the most: attending faculty meetings; assigned reading of school materials; and discussions with immediate supervisors. Those utilized the least are: formal presentations by clerical staff; assigned reading of illustrative case studies; and formal presentations by senior school administrators or immediate supervisors.

The greatest discrepancy between ideal and actual use of orientation practices was in assigned reading of illustrative case studies followed by: assignment of a mentor; formal presentations by an experienced nurse educator; providing for released time; and observation of experienced nurse educators. The lowest differences occurred in use of: reading school materials; discussions with clerical staff; reading reference materials; formal presentations by clerical staff; and discussions with immediate supervisors. Attending faculty meetings was used more often in current orientation programs than nurse educators preferred. *t* tests indicated that all differences between ideal and actual use of orientation practices, with the exception of attending faculty meetings, were significant at the .001 level.

One additional orientation practice, team teaching, was suggested by a study participant.

Discussion

Nurse educators indicate preference for use of a wide variety of orientation practices. They indicate the least preference for formal presentations by anyone other than experienced nurse educators

and discussions with clerical staff. The greatest preference was indicated for practices which involved contact with an experienced nurse educator (assignment of a mentor; discussion with an experienced nurse educator; observation of an experienced nurse educator). This finding supports that of Moller (1968) and Southwell (1970) who indicated that beginning teachers preferred help from other teachers and Lewis (1980) who recommended that observation of more experienced teachers and assignment of a mentor be used in the orientation of beginning teachers. Mauksch (1982) and Grant and Zeichner (1981) also recognized the value of assignment of a mentor and discussions with co-workers in the orientation of beginning teachers.

IDEAL AND ACTUAL INVOLVEMENT OF INDIVIDUALS IN PLANNING THE ORIENTATION

The data related to nurse educators' opinions regarding the ideal and actual involvement of individuals in planning the orientation were summarized by mean scores, the difference between mean scores, and ranking of these differences. *t* test results are presented to indicate where statistically significant differences between ideal and actual involvement of individuals occur. Appendix E contains the frequency and percentage distributions for individuals involved in planning the orientation.

Findings

Table 13 presents the findings related to nurse educators' opinions concerning the ideal and actual involvement of individuals in

TABLE 13

A COMPARISON OF OPINION REGARDING IDEAL AND ACTUAL INVOLVEMENT OF INDIVIDUALS IN PLANNING THE ORIENTATION

Individual	Mean Score (N = 105) Ideal	Actual	Difference	Rank
1. Senior School Administrators	3.32	2.90	0.42[a]	8
2. Immediate Supervisors	4.30	3.60	0.70[a]	5
3. Experienced Nurse Educators	3.97	2.52	1.45[a]	1
4. Beginning Nurse Educator	3.80	2.57	1.23[a]	2
5. Other Beginning Nurse Educators	3.09	2.11	0.98[a]	3.5[b]
6. Clerical Staff	2.10	1.52	0.58[a]	7
7. Hospital Inservice Staff	2.67	1.86	0.81[a]	5
8. Nursing Unit Personnel	2.90	1.92	0.98[a]	3.5[b]

[a] *t* test significant at the .001 level.

[b] Tied ranks.

planning the orientation. Ideally, nurse educators felt that immediate supervisors should have the greatest degree of involvement in planning the orientation followed by experienced nurse educators and the beginning nurse educator. Least preference was given to involvement of clerical staff, hospital inservice staff and nursing unit personnel.

Current orientation programs had the most involvement in planning from immediate supervisors followed by senior school administrators, the beginning nurse educator and experienced nurse educators. Clerical staff, hospital inservice staff and nursing unit personnel are involved to a very limited degree.

The greatest discrepancy between ideal and actual involvement of individuals in planning the orientation occurred for experienced nurse educators followed by the beginning nurse educator. The smallest difference was for involvement of senior school administrators and clerical staff. All differences between ideal and actual were significant at the .001 level utilizing *t* tests.

Discussion

The findings indicate that immediate supervisors need to continue their involvement in planning the orientation. There is a need, however, for greater involvement of experienced nurse educators and the beginning nurse educator.

These findings are supported by Southwell (1970) who indicated that administration should work with educational associations to plan orientation programs for beginning teachers. Grant and Zeichner (1981), Phillips (1975), Arends et al. (1978) recognized that beginning teachers have different needs and that they should be involved in planning the orientation. The involvement of experienced nurse educators would safeguard against the concern that beginning teachers have needs which they do not recognize (Arends et al., 1978; Jones and Hayes, 1980; Grant and Zeichner, 1981).

GENERAL CONCERNS REGARDING ORIENTATION

General concerns regarding orientation included a rating of the current orientation program and ideal and actual length of formal as well as ongoing orientation. Frequency and percentage distributions are used to summarize this data.

Rating of Current Orientation Program

Findings. Table 14 presents the ratings given to current orientation programs by study participants. The current program was rated three or less by 35.2 percent of respondents while 43.8 percent fell in the middle range of four to six and only 16.2 percent rated the current orientation seven or higher.

Discussion. The fact that 79.0 percent of respondents rated the current orientation program in their school of nursing six or less out of ten supports the need for this study.

Length of Orientation

Findings. Table 15 summarizes the responses regarding the ideal and actual length of formal orientation for beginning nurse educators. The majority of respondents indicated that the formal orientation should last four weeks while in reality it lasts only one to two weeks.

Table 16 presents the findings regarding the ideal and actual length of ongoing orientation. Approximately fifty percent of the

TABLE 14

RATING OF CURRENT ORIENTATION PROGRAM BY FREQUENCY AND PERCENTAGE DISTRIBUTION

Rating		f (N = 105)	%
Extremely Poor	1	10	9.5
	2	7	6.7
	3	20	19.0
	4	21	20.0
	5	11	10.5
	6	14	13.3
	7	14	13.3
	8	1	1.0
	9	0	0
Exceptionally Good	10	2	1.9
No Response		5	4.8

respondents indicated that ongoing orientation should last between five and sixteen weeks. The majority of those responding to the actual length of ongoing orientation indicated that it is one to four weeks in length.

Discussion. Nurse educators show some similarity in their opinions regarding the ideal length of formal orientation for beginning nurse educators but are quite diverse in opinions regarding the ideal

TABLE 15

LENGTH OF FORMAL ORIENTATION IN WEEKS BY FREQUENCY AND PERCENTAGE DISTRIBUTION

Weeks	f (N = 105)		%	
	Ideal	Actual	Ideal	Actual
1	5	29	4.8	27.6
2	7	33	6.7	31.4
3	6	5	5.7	4.8
4	52	18	49.5	17.1
5	10	0	9.5	0
6	11	0	10.5	0
7	4	0	3.8	0
8	5	1	4.8	1.0
9	1	0	1.0	0
10	0	0	0	0
11	0	0	0	0
12	2	1	1.9	1.0
No Response	2	18	1.9	17.1

length of ongoing orientation. This supports the need to individualize orientation to the needs of the new teacher (Glueck, 1979; Grant and Zeichner, 1981; Phillips, 1975). Current programs vary in the length of formal and ongoing orientation provided for beginning nurse educators.

TABLE 16

LENGTH OF ONGOING ORIENTATION IN WEEKS BY FREQUENCY AND PERCENTAGE DISTRIBUTION

Weeks	f (N = 105)		%	
	Ideal	Actual	Ideal	Actual
1-4	22	23	21.0	21.9
5-8	23	8	21.9	7.7
9-12	25	5	23.9	4.8
13-16	11	0	10.5	0
17-20	7	3	6.7	2.9
21-24	5	0	4.8	0
25+more	7	1	6.7	1.0
No Response	5	65	4.8	61.9

DIFFERENCES AMONG GROUPS IN OPINIONS REGARDING ORIENTATION PROGRAMS

The study was also concerned with the differences in opinion regarding orientation programs among groups based on personal, professional and situational variables. The same eight variables were used and included: level of education; nursing experience other than education; nursing education experience; age; type of present employment; length of present employment; area of major responsibility; and school of nursing. *t* and F tests were utilized to determine statistically significant differences among groups.

Differences Among Groups in Opinions Regarding Orientation Practices

Findings. Table 17 presents the statistically significant differences among groups in opinions regarding the ideal and actual use of orientation practices. The groups based on the situational variable, school of nursing, had most significant differences in opinion while groups based on the other variables showed few, if any, significant differences in opinion.

Groups based on level of education and length of employment showed only one difference in opinion concerning the ideal and actual use of orientation practices. Nurse educators with a masters or doctoral degree preferred greater use of discussions with senior administrators than did nurse educators with a bachelor of science in nursing degree. Nurse educators employed in their present position six years or more believed that working on the nursing units was utilized more in current orientation programs than did employees of one year or less. Groups based on nursing service experience, nursing education experience and type of employment showed no significant differences in opinion.

Nurse educators divided into groups based on age showed the following significant differences in opinion:

1. nurse educators 41 years and over believed that discussions with nursing staff was used to a greater degree in current orientation programs than did the younger nurse educators;

2. those in the 41 years and over group felt that attending faculty meetings was actually used more in orientation than did those 30 years and under or between 36 and 40 years; and

TABLE 17

DIFFERENCES AMONG GROUPS IN OPINIONS REGARDING

IDEAL AND ACTUAL USE OF ORIENTATION PRACTICES

Orientation Practice	Level of Education t test	Nursing Experience F test	Nursing Education Experience F test	Age F test	Type of Employment t test	Length of Employment F test	Area of Responsibility F test	School F test
Number in Groups	91,6	16,38,50	27,18,23,37	44,29,14,15	93,12	45,18,21,19	89,10,6	28,39,25,18
1. Providing for:								
a. Reduced Workload								
Ideal								[a]
Actual							[b]	[a]
b. Released Time								
Ideal								
Actual								
c. Assignment of a Mentor								
Ideal								
Actual								[a]
2. Discussions with:								
a. Other Beginning Nurse Educators								
Ideal								
Actual			[c]					[c]
b. Experienced Nurse Educators								
Ideal								
Actual								[a]
c. Senior School Administrators								
Ideal								
Actual	[b]						[c]	

[a]Significant at the .001 level.
[b]Significant at the .01 level.
[c]Significant at the .05 level.

TABLE 17 (continued)

Orientation Practice	Level of Education t test	Nursing Experience F test	Nursing Education Experience F test	Age F test	Type of Employment t test	Length of Employment F test	Area of Responsibility F test	School F test
Number in Groups	91,6	16,38,50	27,18,23,37	44,29,14,15	93,12	45,18,21,19	89,10,6	28,39,25,18
d. Immediate Supervisors								
Ideal								
Actual								
e. Clerical Staff								
Ideal								
Actual								
f. Nursing Unit Staff								
Ideal								
Actual				c				
3. Attending Faculty Meetings								
Ideal								
Actual				c				
4. Assigned Reading of:								
a. School Materials								
Ideal								
Actual								
b. Reference Materials								
Ideal								
Actual								b
c. Policy and Procedure Manuals								
Ideal								
Actual								b
d. Illustrative Case Studies								
Ideal								
Actual								

[a]Significant at the .001 level.
[b]Significant at the .01 level.
[c]Significant at the .05 level.

TABLE 17 (continued)

Orientation Practice	Level of Education t test	Nursing Experience F test	Nursing Education Experience F test	Age F test	Type of Employment t test	Length of Employment F test	Area of Responsibility F test	School F test
Number in Groups	91,6	16,38,50	27,18,23,37	44,29,14,15	93,12	45,18,21,19	89,10,6	28,39,25,18
5. Formal Presentations by:								
a. Experienced Nurse Educators								
Ideal								
Actual								b
b. Senior School Administrators								
Ideal								
Actual								a
c. Immediate Supervisors								
Ideal								a
Actual							c	b
d. Clerical Staff								
Ideal								
Actual				c				
e. Hospital Inservice Staff								
Ideal							c	
Actual				b				b
6. Observation of Experienced Nurse Educators								
Ideal								a
Actual								a
7. Teaching with Supervision								
Ideal								a
Actual								c
8. Working on Nursing Units								
Ideal								
Actual						c		a

[a]Significant at the .001 level.
[b]Significant at the .01 level.
[c]Significant at the .05 level.

3. the 41 years and over group believed that formal presentations by clerical staff and hospital inservice staff were actually used more in orientation than did those 35 years and younger.

The groups of nurse educators based on major area of responsibility showed few significant differences in opinion regarding the ideal and actual use of orientation practices. Generally, administrators indicated greater actual use of reduced workload, discussions with senior school administrators and formal presentations by immediate supervisors than did the other two groups. Teachers preferred greater use of formal presentations by hospital inservice staff than did nurse educators in the other category.

Table 18 presents the findings related to significant differences among groups based on school in opinions about ideal and actual use of orientation practices. Approximately two thirds of the differences occur in relation to actual use of orientation practices while the other third are related to preferences for use of a practice. No group stands out as consistently different from the other three. Appendix F presents a comparison of orientation practices used in each of the current programs with that preferred in the ideal situation.

Discussion. School of nursing is the only variable which separates nurse educators into groups with significant differences of opinion regarding the ideal and actual use of orientation practices. Groups produced by major area of responsibility, age and level of education show few differences in opinion and these may be due to the small numbers in some groups or chance alone. The variables of nursing experience, nursing education experience, type and length of employment do not produce groups with any significant differences in opinion.

TABLE 18

DIFFERENCES AMONG GROUPS BASED ON SCHOOL IN OPINIONS REGARDING IDEAL AND ACTUAL USE OF ORIENTATION PRACTICES

Orientation Practice	Mean Scores				Significance	Significantly Different Pairs
	*1	2	3	4		
1. Providing for:						
a. Reduced Workload						
Ideal	3.90	3.91	2.83	3.44	a	3-1,3-2
Actual	3.36	2.09	2.00	2.04	a	1-2,1-3,1-4
b. Released Time						
Ideal	3.42	3.83	3.17	3.28		
Actual	2.08	1.57	1.72	1.44		
c. Assignment of a Mentor						
Ideal	4.28	4.35	3.94	4.32		
Actual	3.26	1.96	1.78	1.80	a	1-2,1-3,1-4
2. Discussions With:						
a. Other Beginning Nurse Educators						
Ideal	3.56	3.96	3.33	3.36		
Actual	2.67	2.43	2.67	1.84	c	1-4

[a]F test significant at the .001 level.
[b]F test significant at the .01 level.
[c]F test significant at the .05 level.
*N=39,23,25,18 (this does not correspond with schools 1,2,3,4).

TABLE 18 (continued)

Orientation Practice	Mean Scores *1	2	3	4	Significance	Significantly Different Pairs
b. Experienced Nurse Educators						
Ideal	4.10	4.30	4.83	4.24		
Actual	3.31	2.48	2.89	2.04	a	1-2,1-4
c. Senior School Administrators						
Ideal	3.03	3.26	2.67	3.17		
Actual	2.21	2.04	1.94	2.26		
d. Immediate Supervisors						
Ideal	3.92	4.04	3.65	4.04		
Actual	3.46	2.95	3.00	2.83		
e. Clerical Staff						
Ideal	2.68	3.09	2.50	2.96		
Actual	2.21	2.43	1.89	1.83		
f. Nursing Unit Staff						
Ideal	3.45	3.91	3.61	3.88		
Actual	2.68	2.39	2.28	2.88		
3. Attending Faculty Meetings						
Ideal	3.87	3.82	3.72	3.83		
Actual	3.92	4.36	3.83	3.78		

[a]F test significant at the .001 level.
[b]F test significant at the .01 level.
[c]F test significant at the .05 level.
*N=39,23,25,18 (this does not correspond with schools 1,2,3,4).

TABLE 18 (continued)

Orientation Practice	Mean Scores *1	2	3	4	Significance	Significantly Different Pairs
4. Assigned Reading of:						
a. School Materials						
Ideal	3.90	3.87	3.83	3.68		
Actual	3.56	3.22	2.83	3.08		
b. Reference Materials						
Ideal	3.67	3.74	3.61	3.63		
Actual	3.37	2.78	2.28	2.80	b	1-3
c. Policy and Procedure Manuals						
Ideal	3.74	3.70	3.67	3.64		
Actual	3.33	2.65	2.17	2.58	b	1-3,1-4
d. Illustrative Case Studies						
Ideal	3.41	3.78	3.39	3.16		
Actual	1.54	1.57	1.11	1.33		
5. Formal Presentations by:						
a. Experienced Nurse Educators						
Ideal	3.72	4.17	3.44	3.68		
Actual	2.38	2.43	1.28	1.64	b	3-1,3-2

[a]F test significant at the .001 level.
[b]F test significant at the .01 level.
[c]F test significant at the .05 level.
*N=39,23,25,18 (this does not correspond with schools 1,2,3,4).

TABLE 18 (continued)

Orientation Practice	Mean Scores *1	2	3	4	Significance	Significantly Different Pairs
b. Senior School Administrators						
Ideal	2.54	3.65	2.78	2.88	a	2-1,2-3,2-4
Actual	1.62	1.64	1.39	1.88		
c. Immediate Supervisors						
Ideal	2.87	4.00	3.22	3.16	a	2-1,2-4
Actual	1.67	2.45	1.44	1.80	b	2-1,2-3
d. Clerical Staff						
Ideal	1.84	2.48	2.11	2.32		
Actual	1.36	1.50	1.11	1.32		
e. Hospital Inservice Staff						
Ideal	2.74	3.39	3.17	2.88		
Actual	2.05	1.82	2.33	1.44	c	3-4
6. Observation of Experienced Nurse Educators						
Ideal	4.18	4.48	3.22	4.28	a	3-1,3-2,3-4
Actual	3.15	2.78	1.50	1.72	a	3-1,3-2,4-2,4-1

[a]F test significant at the .001 level.
[b]F test significant at the .01 level.
[c]F test significant at the .05 level.
*N=39,23,25,18 (this does not correspond with schools 1,2,3,4).

TABLE 18 (continued)

Orientation Practice		Mean Scores *1	2	3	4	Significance	Significantly Different Pairs
7. Teaching with Supervision							
	Ideal	3.97	4.39	3.17	3.88	a	3-1,3-2,3-4
	Actual	2.51	2.70	1.83	1.80	c	2-4
8. Working on Nursing Units							
	Ideal	3.69	4.30	3.72	4.04		
	Actual	3.77	1.77	2.83	3.16	a	2-1,2-3,2-4

[a]F test significant at the .001 level.
[b]F test significant at the .01 level.
[c]F test significant at the .05 level.
*N=39,23,25,18 (this does not correspond with schools 1,2,3,4).

It is interesting to note that the one difference by level of education was that nurse educators with a masters or doctoral degree indicated greater preference for use of discussions with senior administrators. This is likely because they are the individuals in these positions. Nurse educators in the 41 years and over group did not seem to have the same perception of practices used in the current orientation program. It may be that they are longer term employees and hence not as familiar with the orientation program. Administrators differ from teachers and others in their opinions regarding practices used in the current orientation program. This may be due to the fact that these individuals are involved in planning and organizing the orientation and hence have different perceptions.

The finding indicating educators from the various schools had different opinions concerning the ideal and actual use of orientation practices is not surprising. Orientation programs are planned and conducted within each school and differences are to be expected.

Differences Among Groups in Opinions Regarding Involvement of Individuals in Planning the Orientation

Findings. Table 19 summarizes the findings regarding differences among groups in opinions regarding the ideal and actual involvement of individuals in planning the orientation. The groups based on major area of responsibility and school show the most significant differences in opinion while those based on level of education, nursing service experience, nursing education experience and type of employment show none at all.

TABLE 19

DIFFERENCES AMONG GROUPS IN OPINIONS REGARDING

IDEAL AND ACTUAL INVOLVEMENT OF INDIVIDUALS IN PLANNING THE ORIENTATION

Individual	Level of Education t test	Nursing Experience F test	Nursing Education Experience F test	Age F test	Type of Employment t test	Length of Employment F test	Area of Responsibility F test	School F test
Number in Groups	91,6	16,38,50	27,18,23,37	44,29,14,15	93,12	45,18,21,19	89,10,6	28,39,25,18
1. Senior School Administrators								
Ideal								
Actual						b		b
2. Immediate Supervisors								
Ideal							c	
Actual						c	b	c
3. Experienced Nurse Educators								
Ideal								
Actual								c
4. Beginning Nurse Educator								
Ideal								
Actual								c
5. Other Beginning Nurse Educators								
Ideal								
Actual							c	
6. Clerical Staff								
Ideal								
Actual								
7. Hospital Inservice Staff								
Ideal								
Actual				c			b	c
8. Nursing Unit Personnel								
Ideal								
Actual				c			c	

[a]Significant at the .001 level.
[b]Significant at the .01 level.
[c]Significant at the .05 level.

Nurse educators divided into groups based on age and length of employment displayed few significant differences in opinion. These included:

1. nurse educators 41 years and over indicated that hospital inservice staff had more actual involvement in planning the orientation than did those 30 and younger;

2. nurse educators employed six or more years thought that senior school administrators had more involvement in planning the current orientation program than any other group; and

3. the groups employed one year or less and six years and more indicated that immediate supervisors had more actual involvement in planning than did nurse educators employed three to five years.

Table 20 presents the differences among groups based on major area of responsibility in their opinions regarding ideal and actual involvement of individuals in planning the orientation. All significant differences except one occurred in the ideal situation and included:

1. nurse educators in the other category indicated less preference for involvement of hospital inservice staff and nursing unit personnel in planning orientation than did teachers or administrators;

2. administrators indicated more ideal and actual involvement of immediate supervisors than did teachers; and

3. teachers preferred greater involvement of other beginning nurse educators than did nurse educators in the other group.

Table 21 presents the differences in opinion regarding involvement of individuals in planning the orientation among groups based on

TABLE 20

DIFFERENCES AMONG GROUPS BASED ON MAJOR AREA OF RESPONSIBILITY IN OPINIONS REGARDING IDEAL AND ACTUAL INVOLVEMENT OF INDIVIDUALS IN PLANNING ORIENTATION

Individual	Mean Scores Teachers N=89	Administration N=10	Others N=6	Significance	Significantly Different Pairs
1. Senior School Administrator					
Ideal	3.33	3.60	2.40		
Actual	2.93	2.90	2.40		
2. Immediate Supervisor					
Ideal	4.25	4.80	4.00	c	1-2
Actual	3.49	4.60	3.60	b	1-2
3. Experienced Nurse Educator					
Ideal	4.02	3.80	3.60		
Actual	2.52	2.80	1.80		
4. The Beginning Nurse Educator Herself					
Ideal	3.88	3.56	3.00		
Actual	2.64	2.33	1.80		
5. Other Beginning Nurse Educators					
Ideal	3.23	2.80	2.00	c	1-3
Actual	2.19	1.90	1.40		

[b]F test significant at the .01 level.
[c]F test significant at the .05 level.

TABLE 20 (continued)

Individual		Mean Scores Teachers N=89	Administration N=10	Others N=6	Significance	Significantly Different Pairs
7. Hospital Inservice Staff						
	Ideal	2.79	2.50	1.20	b	3-1,3-2
	Actual	1.86	2.10	1.40		
8. Nursing Unit Personnel						
	Ideal	2.95	2.90	1.60	c	3-1,3-2
	Actual	1.88	2.40	1.60		

[b]F test significant at the .01 level.
[c]F test significant at the .05 level.

TABLE 21

DIFFERENCES AMONG GROUPS BASED ON SCHOOL IN OPINIONS REGARDING IDEAL AND ACTUAL INVOLVEMENT OF INDIVIDUALS IN PLANNING ORIENTATION

Individual	Mean Scores				Significance	Significantly Different Pairs
	*1	2	3	4		
1. Senior School Administrator						
Ideal	3.13	3.61	3.33	3.30		
Actual	2.37	3.17	3.29	3.22	b	1-2,1-3,1-4
2. Immediate Supervisor						
Ideal	4.39	4.35	4.11	4.28		
Actual	3.87	3.83	3.29	3.17	c	
3. Experienced Nurse Educator						
Ideal	3.84	4.30	3.72	4.09		
Actual	2.89	2.50	1.81	2.41	c	1-3
4. The Beginning Nurse Educator Herself						
Ideal	3.86	3.82	3.44	4.00		
Actual	2.89	2.41	1.88	2.71	c	1-3
5. Other Beginning Nurse Educators						
Ideal	3.03	3.18	3.11	3.23		
Actual	2.22	1.95	1.82	2.33		

[b]F test significant at the .01 level.
[c]F test significant at the .05 level.
*N=39,23,25,18 (these do not correspond to schools 1,2,3,4).

TABLE 21 (continued)

Individual		Mean Scores				Significance	Significantly Different Pairs
		*1	2	3	4		
6. Clerical Staff							
	Ideal	1.92	2.50	1.94	2.13		
	Actual	1.69	1.36	1.29	1.55		
7. Hospital Inservice Staff							
	Ideal	2.27	3.00	3.17	2.65	c	1-3
	Actual	1.89	1.73	2.18	1.68		
8. Nursing Unit Personnel							
	Ideal	2.68	3.27	3.17	2.61		
	Actual	2.19	1.73	1.71	1.82		

[b]F test significant at the .01 level.
[c]F test significant at the .05 level.
*N=39,23,25,18 (these do not correspond to schools 1,2,3,4).

school. Almost all of the differences occurred in the actual situation and involved school one. Specifically, nurse educators from this school indicated:

1. less actual involvement of senior school administrators than groups from any other school;

2. more actual involvement of experienced nurse educators and the beginning nurse educator than in school three; and

3. less preference for involvement of hospital inservice staff than the group from school three.

Appendix F presents a comparison of the involvement of individuals in planning each of the current orientation programs with that preferred in the ideal situation.

Discussion. Major area of responsibility and school of nursing were the only two variables which divided respondents into groups with different opinions on the ideal and actual involvement of individuals in planning the orientation. The few differences produced by the other variables may be due to the small numbers in some groups or chance alone.

The differences in opinion by groups with different areas of responsibility may be accounted for by the involvement of these individuals in the current orientation program. It is quite likely that administrators are heavily involved in orientation as are some nurse educators in the other category. In addition, those in the other category are more removed from the hospital setting and hence the lower preference for involvement of hospital inservice staff and nursing unit personnel in planning the orientation.

Groups based on school of nursing also had significant differences in opinion regarding the ideal and actual involvement of individuals in planning the orientation. Many of these differences

involved school one. It is interesting to note that this is the school which had the greatest percentage of nurse educators whose primary areas of responsibility were administration or the other category.

Differences Among Groups in Opinions on General Concerns Regarding Orientation

Findings. Table 22 indicates significant differences among groups in their opinions on general concerns regarding orientation. The variables of level of education, nursing service experience, nursing education experience, age and type of employment do not differentiate nurse educators into groups with significantly different opinions.

Groups with varying lengths of employment were significantly different in two areas. These were:

1. nurse educators employed one year or less rated the current orientation program higher than did those employed three to five years; and

2. those nurse educators employed six years or more indicated that the ongoing orientation of beginning nurse educators should be longer than did those employed one year or less or three to five years.

Groups based on school of nursing showed significant differences in opinion as presented in Table 23. Nurse educators in school one rated their current orientation program higher and indicated a longer actual formal orientation than did groups from any other school. The group from school three indicated a preference for a longer ongoing orientation than did all of the other groups. Appendix F presents the ratings given current orientation programs and compares their length with the ideal situation.

TABLE 22

DIFFERENCES AMONG GROUPS IN OPINIONS ON GENERAL

CONCERNS REGARDING ORIENTATION

General Concern	Level of Education t test	Nursing Experience F test	Nursing Education Experience F test	Age F test	Type of Employment t test	Length of Employment F test	Area of Responsibility F test	School F test
Number in Groups	91,6	16,38,50	27,18,23,37	44,29,14,15	93,12	45,18,21,19	89,10,6	28,39,25,18
1. Rating of Current Orientation Program						c		a
2. Length of Formal Orientation								
Ideal								
Actual								b
3. Length of Ongoing Orientation								
Ideal						c		b
Actual							c	

[a]Significant at the .001 level.
[b]Significant at the .01 level.
[c]Significant at the .05 level.

TABLE 23

DIFFERENCES AMONG GROUPS BASED ON SCHOOL ON GENERAL CONCERNS REGARDING ORIENTATION

General Concern	Mean Scores				Significance	Significantly Different Pairs
	*1	2	3	4		
1. Rating of Current Orientation Program	5.84	3.76	3.00	3.48	a	1-2,1-3,1-4
2. Length of Formal Orientation in Weeks						
Ideal	4.89	4.41	4.56	3.88		
Actual	3.19	1.90	1.63	1.89	b	1-2,1-3,1-4
3. Length of Ongoing Orientation in Weeks						
Ideal	12.14	9.78	21.41	10.63	b	3-1,3-2,3-4
Actual	8.30	2.60	12.60	3.90		

[a]F test significant at the .001 level.
[b]F test significant at the .01 level.
[c]F test significant at the .05 level.
*N=39,25,23,18 (this does not correspond with schools 1,2,3,4).

Discussion. School of nursing was the only variable which produced groups with significant differences in opinion on general concerns regarding orientation. The few differences in opinion among groups based on the other variables may be due to chance alone or the small numbers in some of the groups.

The differences in ratings of current orientation programs by nurse educators in the various schools was expected as the programs are different. It is interesting to note that the school with the longest orientation program was also the school whose program was given the highest rating.

The differences in opinion by groups based on length of employment are interesting. Nurse educators employed less than one year rated the current orientation program higher and preferred a shorter ongoing orientation than did nurse educators employed six years or longer. Although one cannot assume that those employed one year or less are beginning nurse educators, this may still provide additional support for Grant and Zeichner (1981) who found that first year teachers were generally satisfied with the type of support they received and did not desire the types of support indicated in the literature.

COMMENT SUMMARY

Many respondents chose to use the comment sheet to explain why they had responded to items in a specific way. It is impossible to present all of the comments, however, those most significant to the results of the study include:

1. responses are based on my own orientation program some time ago;

2. orientation programs need to be individualized to the beginning nurse educator;

3. presentation of material must occur over time to prevent overload and promote retention;

4. informal assistance from experienced nurse educators was the most helpful orientation;

5. current orientation programs tend to be "hit and miss" which can lead to frustration for the new nurse educator; and

6. formal orientation should be followed by professional development for old and new nurse educators.

SUMMARY

This chapter has analyzed and discussed the findings of the study pertaining to orientation programs. The initial sections discussed the ideal and actual use of orientation practices and involvement of individuals in planning the orientation by presenting mean scores, the differences between mean scores and the ranking of these differences. The results of t tests indicated where statistically significant differences existed between the ideal and actual situations.

The next sections presented opinions on general concerns regarding orientation utilizing frequency and percentage distributions and differences in opinion regarding orientation programs among groups based on personal, professional and situational variables. These findings were based on the results of t and F tests.

The final section presented a brief summary of the comments made by study participants.

CHAPTER VI

SUMMARY, CONCLUSIONS AND IMPLICATIONS

This chapter will provide a summary of the problem, procedure and results of the study. Conclusions will be stated and some implications for practice and further research will be discussed.

SUMMARY

Socialization to the role of nurse educator is a topic which has just begun to appear in the nursing literature. Orientation is seen as the initial step in this process.

This study was designed to provide nurse educators with information concerning the ideal and actual emphasis on orientation needs of beginning nurse educators in Alberta hospital based schools of nursing. It also provides information regarding the ideal and actual use of orientation practices, the ideal and actual involvement of individuals in planning the orientation, and opinions regarding the ideal and actual length of orientation in these schools.

A questionnaire was developed and used to measure the opinions of nurse educators. The instrument was divided into six sections. Section I requested information on eight personal, professional and situational variables. Section II focused on five categories of orientation needs which included: general orientation to the hospital; orientation to the school of nursing; orientation to the general curriculum; orientation to their particular course or subject matter

content; and orientation to interpersonal relationships. Nurse educators were asked to give their opinions regarding ideal and actual emphasis on orientation needs in each of these categories. Section III asked nurse educators to indicate their preference for the ideal and actual use of twenty-two different orientation practices. Section IV sought the opinions of nurse educators with regard to the ideal and actual involvement of eight different individuals in planning the orientation. Section V asked nurse educators to rate the current orientation program in their school of nursing and give their opinions regarding the ideal and actual length of orientation. Section VI invited nurse educators to comment on the study and/or questionnaire. The population of this study included all full-time and part-time nurse educators in the four Alberta hospital based schools of nursing. Questionnaires were color coded by school to allow comparisons with the overall findings of the study, however, schools of nursing were not identified in the reporting of the study. Anonymity of individual responses was assured and each participant was offered a summary of the findings of the study.

Frequency and percentage distributions were utilized to summarize the personal, professional and situational data gathered from 105 respondents. This represented a seventy-six percent return rate.

Data from Sections II, III and IV of the questionnaire were summarized using mean scores for the ideal and actual situation, differences between the mean scores and ranking of these differences. *t* tests were utilized to determine if the differences between the ideal and actual situation were statistically significant.

Data from Section V were summarized using frequency and percentage distributions. A brief summary of comments was included for Section VI.

t and F tests were utilized to determine if any significant differences in opinion for Sections II, III, IV, and V occurred among groups based on the personal, professional and situational variables from Section I.

The various analyses of data revealed the following findings.

1. The majority of nurse educators participating in the study were: prepared at the baccalaureate level; thirty-five years of age or younger; had more than two years of nursing service and nursing education experience; employed full-time; and had teaching as their major area of responsibility. Approximately half of the respondents had been in their present position two years or less.

2. Nurse educators preferred that all needs related to the general orientation to the hospital should receive more than a moderate degree of emphasis. The need for becoming familiar with the nursing units received the greatest emphasis while employee benefits received the least emphasis. Current orientation programs placed moderate emphasis on fire and safety procedures with all other needs receiving less than moderate emphasis. The greatest difference between ideal and actual emphasis occurred for becoming familiar with the nursing units while the smallest difference was for employee benefits and services. All differences between ideal and actual emphasis were statistically significant.

3. Needs related to orientation to the school of nursing were given a moderate to great degree of emphasis by nurse educators while current orientation programs placed less than a moderate degree of emphasis on most of these needs. The needs given the greatest degree of emphasis were the faculty job description, the faculty development and/or evaluation system and faculty policies. Committees and admission requirements received the least emphasis. The greatest discrepancies between the ideal and actual situation occurred for the faculty job description, the faculty evaluation system and faculty policies. All differences between the ideal and actual situation were statistically significant.

4. Nurse educators preferred that orientation needs related to the general curriculum receive from a moderate to very great degree of emphasis. Those given the greatest priority were the conceptual framework and/or philosophy of the school and the general components of the curriculum. Current orientation programs did not place as much emphasis on any need as that preferred with the greatest discrepancy occurring in regard to teaching methods. All differences between ideal and actual emphasis were statistically significant.

5. A moderate to very great degree of ideal emphasis was placed on needs related to orientation to their particular course or subject matter content by nurse educators. Actual emphasis on any need was less than moderate. Those needs for which nurse educators indicated the greatest preference included: clinical practice expectations; course content; the relationship between course content and clinical practice; evaluating clinical performance; and the relationship

between their course and the curriculum as a whole. The greatest difference between ideal and actual emphasis was organizing content for presentation. All differences were statistically significant.

6. Nurse educators preferred that a moderate to great degree of emphasis be placed on all needs related to orientation to interpersonal relationships except informal communication patterns which fell below moderate emphasis. Less than moderate emphasis was placed on any need in the actual situation. Feedback to students was the need given the greatest emphasis and was also the one for which the greatest difference between ideal and actual existed. All of the differences between ideal and actual emphasis were statistically significant.

7. Differences in opinion regarding ideal and actual emphasis on orientation needs existed among groups based on major areas of responsibility and school of nursing.

8. Nurse educators' opinions regarding the ideal use of orientation practices ranged from little to more than great. The practices for which nurse educators indicated the greatest preference included: assignment of a mentor; discussions with experienced nurse educators; and observation of an experienced nurse educator. Those practices which received the lowest preference were formal presentations or discussions with clerical staff and formal presentations by senior school administrators. Current orientation programs used all practices moderately or less. All differences between ideal and actual use, except that for attending faculty meetings, were statistically significant.

9. Groups of nurse educators based on school showed the most significant differences in opinion regarding the ideal and actual use of orientation practices.

10. Nurse educators indicated that immediate supervisors, experienced nurse educators and the beginning nurse educator should have the greatest involvement in planning the orientation. Least preference was given to involvement of clerical staff, hospital inservice staff and nursing unit personnel. Current orientation programs had the greatest involvement from immediate supervisors followed by senior school administrators with the least involvement from clerical and hospital inservice staff. The greatest discrepancy between ideal and actual involvement was for experienced nurse educators followed by the beginning nurse educator. All differences between ideal and actual involvement were statistically significant.

11. Differences in opinion regarding the ideal and actual involvement of individuals in planning the orientation were found among groups based on school of nursing and major area of responsibility.

12. Seventy-nine percent of respondents rated the current orientation program in their school of nursing six or less out of ten. The majority of respondents indicated that the formal orientation should last four weeks while in reality it is only one to two weeks. Approximately fifty percent of respondents indicated that ongoing orientation should last between five and sixteen weeks while in reality it is only one to four weeks long.

13. Differences in opinion on general concerns regarding orientation existed among groups based on school of nursing.

CONCLUSIONS

The following conclusions are based on the findings of the study.

1. Nurse educators preferred that all identified orientation needs, with the exception of informal communication patterns, receive at least a moderate degree of emphasis in the orientation of beginning nurse educators.

2. Current orientation programs place less emphasis on the orientation needs of beginning nurse educators than that preferred.

3. Differences in opinion regarding ideal and actual emphasis on orientation needs existed among groups based on major area of responsibility and school of nursing.

4. Nurse educators prefer that a wide variety of orientation practices be used. Those which were given the highest priority were: assignment of a mentor; discussions with experienced nurse educators; and observation of an experienced nurse educator in a classroom or clinical setting.

5. Current orientation programs use the orientation practices less than preferred. The only exception was attending faculty meetings which was used more by current programs than the use preferred.

6. Differences existed among groups of nurse educators based on school of nursing in opinions regarding the ideal and actual use of orientation practices.

7. Nurse educators indicated that immediate supervisors, experienced nurse educators and the beginning nurse educator should have the greatest involvement in planning the orientation. Least preference was given to the involvement of clerical staff, hospital inservice staff and nursing unit personnel.

8. Current orientation programs had the most involvement from immediate supervisors and senior school administrators in planning the orientation. Clerical staff and hospital inservice staff had the least involvement.

9. Differences in opinion concerning the ideal and actual involvement of individuals in planning the orientation were found among groups based on school of nursing and major area of responsibility.

10. Nurse educators indicated that the formal orientation should last four weeks. The formal orientation lasts only one to two weeks in reality.

11. Nurse educators showed more variation in their opinions regarding the ideal length of ongoing orientation. The majority indicated that it should last between five and sixteen weeks while in current orientation programs it lasts only one to four weeks.

12. Differences in opinion regarding length of orientation existed among groups based on school of nursing.

13. The majority of nurse educators rated their current orientation program as less than six out of ten where ten was exceptionally good.

IMPLICATIONS

Although this study resulted in some significant findings, it is recognized that more research is needed regarding the orientation of beginning nurse educators. For this reason, the implications for practice are suggestions only and are expressed with caution.

Implications for Practice

The findings of this study which have relevance to nurse educators and administrators involved in the orientation of beginning nurse educators appear in the section of this chapter dealing with conclusions. The findings indicate that all identified needs should be emphasized to at least a moderate degree in the orientation of beginning nurse educators. It would appear that needs related to the general curriculum and orientation to their particular course or subject matter content require the greatest overall degree of emphasis with those pertaining to interpersonal relationships requiring the least emphasis.

Nurse educators indicated a preference for use of a wide variety of orientation practices. Those for which they indicated the greatest preference were: assignment of a mentor; discussions with experienced nurse educators; and observation of experienced nurse educators in a classroom or clinical setting. The lowest preference was indicated for formal presentations or discussions with clerical staff and formal presentations by senior school administrators. Assignment of a mentor and observation of an experienced nurse educator showed the greatest discrepancy between the ideal and actual situation.

The findings indicate that immediate supervisors need to continue their involvement in planning the orientation while greater involvement from experienced nurse educators and the beginning nurse educator is needed. It would appear that formal orientation should last about four weeks with the ongoing orientation continuing for one to four months depending on the needs of the individual beginning nurse educator.

Nurse educators did not have significantly different opinions regarding orientation needs or programs when divided into groups based on level of education, nursing service or education experience, age, type of employment and length of present employment. More differences in opinion occurred among groups based on major area of responsibility and school of nursing. Since many of the differences in opinion occurred between administrators and one or both of the other groups, this again suggests the need for involvement of other individuals in planning and conducting the orientation. The differences in opinion among nurse educators from the various schools were mainly with regard to the actual situation. This was expected. Appendix F presents a comparison of the current orientation programs as described by study participants with that described as ideal. This should be considered the starting point in any revision of current programs. The few differences in the ideal situation likely reflect the influence of the specific institutions on the role of the nurse educator or the orientation practices which would be useful.

The lack of differences in opinion among groups based on level of education may point to the inadequacy of graduate education in preparing individuals for the role of nurse educator. The findings of this study which indicated little difference in ideal emphasis on

orientation needs among groups may suggest areas for inclusion in formal preparation programs.

The degree of emphasis placed on the various orientation needs may suggest areas of knowledge and skill perceived to be most important to the role of nurse educator. This information may assist in formulating job descriptions or identifying evaluative criteria for nurse educators.

The findings of this study should also be of interest to educational administrators involved in planning orientation programs for beginning teachers. Many of the needs and practices utilized in this study were drawn from the education literature and have relevance to beginning teachers in general education.

Implications For Research

This study was the first of its kind known to have been conducted in Alberta. More research in this area is needed to either support or refute the findings of this study. Further research on the orientation of beginning nurse educators might address the following areas.

1. This study should be repeated using other populations of nurse educators so that more generalizations regarding the findings could be made.

2. Further research is required into the sequencing of orientation activities.

3. Further research is needed regarding the orientation practices that should be used to address specific orientation needs.

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Appendix A

FACULTY OF EDUCATION
DEPARTMENT OF EDUCATIONAL ADMINISTRATION

THE UNIVERSITY OF ALBERTA
EDMONTON, CANADA
T6G 2G5

December 15, 1982

Dear Nurse Educator:

Assuming the role of nurse educator requires the individual to change her focus from nurse to teacher. The purpose of the attached questionnaire is to obtain your opinion regarding the orientation needs of beginning nurse educators and the practices which may be implemented to best meet these needs.

This questionnaire is being circulated to Alberta nurse educators employed in hospital based schools of nursing. I would ask your assistance in completing the questionnaire and returning it in the enclosed stamped, self-addressed envelope prior to January 21, 1983. The questionnaire should take 20 to 30 minutes of your time to complete.

I hope the results of the study will be of value to those of you involved in the orientation of beginning nurse educators. To allow comparison between your school's orientation program and the overall findings of the study, I have color coded the questionnaires by school. The schools of nursing will not be identified by name in the reporting of the study, and the anonymity of individual responses is assured.

Enclosed with the questionnaire you will find a stamped, self-addressed request for you to complete if you wish to receive a summary of the findings. Please mail the questionnaire and summary request separately to ensure the anonymity of your responses.

I am looking forward to receiving your responses. Thank you for your assistance.

Sincerely yours,

Janice Sadownyk

Janice Sadownyk, R.N., B.Sc.N.

ORIENTATION OF BEGINNING NURSE EDUCATORS

I. Personal and Professional Data

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Please circle the number of the most accurate response or fill in the blank as required. 1, 2, 3, 4

1. Highest level of education: 5

   1. R.N. Diploma.
   2. Baccalaureate degree in nursing.
   3. Master's degree. Please specify major _____.
   4. Ph.D. degree. Please specify major _____.
   5. Other. Please specify _____.

2. Total amount of experience in nursing, since graduation, other than in nursing education: _____ year(s) 6, 7

3. Total amount of experience in nursing education including this year: _____ year(s) 8, 9

4. Age to your nearest birthday: 10

   1. 25 and under
   2. 26 to 30
   3. 31 to 35
   4. 36 to 40
   5. 41 to 50
   6. 51 and over

5. Type of present employment: 11

   1. Full-time
   2. Part-time (50% or more of a full-time position)
   3. Other. Please specify _____.

6. Length of employment in present position: _____ year(s) 12, 13

7. Areas of major responsibility: 14

   1. Classroom instruction
   2. Clinical instruction
   3. Approximately equal classroom and clinical instruction
   4. Administration
   5. Other. Please specify _____.

8. Number of full-time faculty employed in your present program: 15

   1. 1 to 10
   2. 11 to 20
   3. 21 to 30
   4. 31 to 40
   5. 41 or more

For Office Use Only

II. Orientation Needs

The following 5 sections outline possible orientation needs of beginning nurse educators. A beginning nurse educator is defined as an individual with no previous teaching experience in a school of nursing.

In Column I, please circle the number which indicates your opinion regarding the ideal emphasis which should be placed on the need in the orientation of a beginning nurse educator.

In Column II, please circle the number which indicates your opinion regarding the actual emphasis placed on the need in your school's current orientation program.

Example Item

Become familiar with the regulations governing schools of nursing.

Column I Ideal Emphasis					Column II Actual Emphasis				
No/ Very Little	Little	Moderate	Great	Very Great	No/ Very Little	Little	Moderate	Great	Very Great
1	(2)	3	4	5	(1)	2	3	4	5

Using the key provided, the number circled in Column I indicates that the respondent believes that becoming familiar with regulations governing schools of nursing should receive little emphasis in the orientation of a beginning nurse educator. The number circled in Column II indicates that there is no/very little emphasis actually placed on this need by the respondent's school of nursing orientation program.

	Column I Ideal Emphasis					Column II Actual Emphasis					
	No/ Very Little	Little	Moderate	Great	Very Great	No/ Very Little	Little	Moderate	Great	Very Great	
A. General Orientation to the Hospital											
Become familiar with:											
1. hospital departments and services (including location).	1	2	3	4	5	1	2	3	4	5	16; 17
2. employee benefits and services.	1	2	3	4	5	1	2	3	4	5	18, 19

	Column I Ideal Emphasis					Column II Actual Emphasis					For Office Use Only
	No/ Very Little	Little	Moderate	Great	Very Great	No/ Very Little	Little	Moderate	Great	Very Great	
3. personnel policies affecting nurse educators.	1	2	3	4	5	1	2	3	4	5	20, 21
4. hospital fire and safety procedures.	1	2	3	4	5	1	2	3	4	5	22, 23
5. hospital policy and procedure manuals.	1	2	3	4	5	1	2	3	4	5	24, 25
6. formal lines of communication with hospital personnel.	1	2	3	4	5	1	2	3	4	5	26, 27
7. nursing units to which her students will be taken for clinical experience.	1	2	3	4	5	1	2	3	4	5	28, 29
8. Others. Please specify.											
_____	1	2	3	4	5	1	2	3	4	5	
_____	1	2	3	4	5	1	2	3	4	5	
_____	1	2	3	4	5	1	2	3	4	5	
B. Orientation to the School of Nursing											
Become familiar with:											
1. the organization of the school.	1	2	3	4	5	1	2	3	4	5	30, 31
2. formal lines of communication within the school.	1	2	3	4	5	1	2	3	4	5	32, 33
3. the physical layout of the school.	1	2	3	4	5	1	2	3	4	5	34, 35
4. the faculty job description.	1	2	3	4	5	1	2	3	4	5	36, 37
5. the faculty development and/or evaluation system.	1	2	3	4	5	1	2	3	4	5	38, 39
6. school policies governing faculty members.	1	2	3	4	5	1	2	3	4	5	40, 41

	Column I Ideal Emphasis					Column II Actual Emphasis					For Office Use Only
	No/ Very Little	Little	Moderate	Great	Very Great	No/ Very Little	Little	Moderate	Great	Very Great	
7. clerical services available to faculty members.	1	2	3	4	5	1	2	3	4	5	42, 43
8. school of nursing committees.	1	2	3	4	5	1	2	3	4	5	44, 45
9. student admission requirements.	1	2	3	4	5	1	2	3	4	5	46, 47
10. policies governing nursing students.	1	2	3	4	5	1	2	3	4	5	48, 49
11. services available to nursing students.	1	2	3	4	5	1	2	3	4	5	50, 51
12. Others. Please specify.											
_____	1	2	3	4	5	1	2	3	4	5	
_____	1	2	3	4	5	1	2	3	4	5	
_____	1	2	3	4	5	1	2	3	4	5	
C. Orientation to the General Curriculum											
Become familiar with:											
1. the conceptual framework and/or philosophy of the school.	1	2	3	4	5	1	2	3	4	5	52, 53
2. the general components of the curriculum of the school.	1	2	3	4	5	1	2	3	4	5	54, 55
3. the master rotation (schedule) for students in the program.	1	2	3	4	5	1	2	3	4	5	56, 57
4. overall criteria for promotion of students.	1	2	3	4	5	1	2	3	4	5	58, 59
5. available instructional resource services (e.g. audio-visual equipment, library services, laboratories).	1	2	3	4	5	1	2	3	4	5	60, 61

	Column I Ideal Emphasis					Column II Actual Emphasis					For Office Use Only
	No/ Very Little	Little	Moderate	Great	Very Great	No/ Very Little	Little	Moderate	Great	Very Great	
6. the operation of audio-visual equipment.	1	2	3	4	5	1	2	3	4	5	62, 63
7. the variety of teaching methods utilized in the school.	1	2	3	4	5	1	2	3	4	5	64, 65
8. Others. Please specify.											
_____	1	2	3	4	5	1	2	3	4	5	
_____	1	2	3	4	5	1	2	3	4	5	
_____	1	2	3	4	5	1	2	3	4	5	
D. Orientation to Their Particular Course or Subject Matter Content											
Become familiar with:											
1. course or subject matter content.	1	2	3	4	5	1	2	3	4	5	66, 67
2. the relationship of the course or subject matter content to the curriculum as a whole.	1	2	3	4	5	1	2	3	4	5	68, 69
3. the relationship of subject matter content to the student's clinical practice.	1	2	3	4	5	1	2	3	4	5	70, 71
4. textbooks and other resource materials utilized.	1	2	3	4	5	1	2	3	4	5	72, 73
5. community agencies utilized in the course or subject matter content area.	1	2	3	4	5	1	2	3	4	5	74, 75
6. student rotations or scheduling in the course.	1	2	3	4	5	1	2	3	4	5	76, 77
7. how to select content for a particular class.	1	2	3	4	5	1	2	3	4	5	78, 79
8. how to organize content for presentation.	1	2	3	4	5	1	2	3	4	5	Card 2 5, 6

	Column I Ideal Emphasis					Column II Actual Emphasis					For Office Use Only
	No/ Very Little	Little	Moderate	Great	Very Great	No/ Very Little	Little	Moderate	Great	Very Great	
9. how to select an appropriate teaching methodology.	1	2	3	4	5	1	2	3	4	5	7, 8
10. expectations regarding student clinical performance.	1	2	3	4	5	1	2	3	4	5	9, 10
11. criteria for the selection of patient assignments.	1	2	3	4	5	1	2	3	4	5	11, 12
12. methods of documenting student clinical performance on a daily basis.	1	2	3	4	5	1	2	3	4	5	13, 14
13. specific requirements for promotion of students.	1	2	3	4	5	1	2	3	4	5	15, 16
14. procedure for evaluating student clinical performance.	1	2	3	4	5	1	2	3	4	5	17, 18
15. procedure for recording student theory marks.	1	2	3	4	5	1	2	3	4	5	19, 20
16. how to write instructional and clinical objectives.	1	2	3	4	5	1	2	3	4	5	21, 22
17. guidelines utilized in exam construction.	1	2	3	4	5	1	2	3	4	5	23, 24
18. procedures used for scoring and analyzing examinations.	1	2	3	4	5	1	2	3	4	5	25, 26
19. Others. Please specify.											
_____	1	2	3	4	5	1	2	3	4	5	
_____	1	2	3	4	5	1	2	3	4	5	
_____	1	2	3	4	5	1	2	3	4	5	

	Column I Ideal Emphasis					Column II Actual Emphasis					For Office Use Only
	No/ Very Little	Little	Moderate	Great	Very Great	No/ Very Little	Little	Moderate	Great	Very Great	
E. Orientation to Interpersonal Relationships											
Become familiar with:											
1. informal communication patterns among faculty members.	1	2	3	4	5	1	2	3	4	5	27, 28
2. confidentiality within the school.	1	2	3	4	5	1	2	3	4	5	29, 30
3. how to establish rapport with students.	1	2	3	4	5	1	2	3	4	5	31, 32
4. how to provide feedback to students.	1	2	3	4	5	1	2	3	4	5	33, 34
5. the role of the nurse educator in counselling students.	1	2	3	4	5	1	2	3	4	5	35, 36
6. student rights and responsibilities.	1	2	3	4	5	1	2	3	4	5	37, 38
7. the relationship between the school and the hospital.	1	2	3	4	5	1	2	3	4	5	39, 40
8. how to establish rapport with nursing unit staff.	1	2	3	4	5	1	2	3	4	5	41, 42
9. Others. Please specify.											
_____	1	2	3	4	5	1	2	3	4	5	
_____	1	2	3	4	5	1	2	3	4	5	
_____	1	2	3	4	5	1	2	3	4	5	

For Office Use Only

III. Orientation Practices

The following list identifies practices which may be utilized in the orientation of beginning nurse educators.

In Column I, please circle the number which indicates your preference for the ideal use of the practice in the orientation of beginning nurse educators.

In Column II, please circle the number which indicates your opinion regarding the actual use of the practice in your school's current orientation program.

	Column I Ideal Use					Column II Actual Use					
	No/ Very Little	Little	Moderate	Great	Very Great	No/ Very Little	Little	Moderate	Great	Very Great	
1. Providing for:											
a. reduced workload - e.g. fewer classes, smaller classes, exemption from non-teaching responsibilities.	1	2	3	4	5	1	2	3	4	5	43, 44
b. released time - new teachers are freed from duties for a specified amount of time each week.	1	2	3	4	5	1	2	3	4	5	45, 46
c. assignment of a mentor - beginning nurse educators are buddied with an experienced nurse educator who is available for consultation and assistance.	1	2	3	4	5	1	2	3	4	5	47, 48
2. Discussions with:											
a. other beginning nurse educators.	1	2	3	4	5	1	2	3	4	5	49, 50
b. experienced nurse educators.	1	2	3	4	5	1	2	3	4	5	51, 52

	Column I Ideal Use					Column II Actual Use					For Office Use Only
	No/ Very Little	Little	Moderate	Great	Very Great	No/ Very Little	Little	Moderate	Great	Very Great	
c. senior school administrators.	1	2	3	4	5	1	2	3	4	5	53, 54
d. immediate supervisors.	1	2	3	4	5	1	2	3	4	5	55, 56
e. clerical staff.	1	2	3	4	5	1	2	3	4	5	57, 58
f. nursing unit staff.	1	2	3	4	5	1	2	3	4	5	59, 60
3. Attending faculty meetings.	1	2	3	4	5	1	2	3	4	5	61, 62
4. Assigned reading of documents such as:											
a. school policy books, curriculum materials, etc.	1	2	3	4	5	1	2	3	4	5	63, 64
b. reference books and materials.	1	2	3	4	5	1	2	3	4	5	65, 66
c. hospital policy and procedure manuals.	1	2	3	4	5	1	2	3	4	5	67, 68
d. illustrative case study examples of actual school situations and the manner in which they were dealt with.	1	2	3	4	5	1	2	3	4	5	69, 70
5. Formal presentations (e.g. lectures, audio-visual presentations, etc.) by:											
a. experienced nurse educators.	1	2	3	4	5	1	2	3	4	5	71, 72
b. senior school administrators.	1	2	3	4	5	1	2	3	4	5	73, 74
c. immediate supervisors.	1	2	3	4	5	1	2	3	4	5	75, 76
d. clerical staff.	1	2	3	4	5	1	2	3	4	5	77, 78
e. hospital inservice staff.	1	2	3	4	5	1	2	3	4	5	79, 80

	Column I Ideal Use					Column II Actual Use					For Office Use Only
	No/ Very Little	Little	Moderate	Great	Very Great	No/ Very Little	Little	Moderate	Great	Very Great	Card 3
6. Observation of experienced nurse educators in a classroom or clinical setting.	1	2	3	4	5	1	2	3	4	5	5, 6
7. Teaching in a classroom or clinical setting under the supervision of an experienced nurse educator.	1	2	3	4	5	1	2	3	4	5	7, 8
8. Working on nursing units to which students will be taken for clinical experience.	1	2	3	4	5	1	2	3	4	5	9, 10
9. Others. Please specify.											
_____	1	2	3	4	5	1	2	3	4	5	
_____	1	2	3	4	5	1	2	3	4	5	
_____	1	2	3	4	5	1	2	3	4	5	

IV. Individuals Involved in Planning

The following list identifies individuals who may be involved in the planning of the orientation program for beginning nurse educators.

In Column I, please circle the number which indicates your opinion regarding the ideal degree of involvement of the individual in the planning of the orientation program for beginning nurse educators.

In Column II, please circle the number which indicates your opinion regarding the actual degree of involvement of the individual in the planning of your school's current orientation program.

	Column I Ideal Involvement					Column II Actual Involvement					
	No/ Very Little	Little	Moderate	Great	Very Great	No/ Very Little	Little	Moderate	Great	Very Great	
1. Senior school administrators.	1	2	3	4	5	1	2	3	4	5	11, 12
2. Immediate supervisors.	1	2	3	4	5	1	2	3	4	5	13, 14

	Column I Ideal Involvement					Column II Actual Involvement					For Office Use Only
	No/ Very Little	Little	Moderate	Great	Very Great	No/ Very Little	Little	Moderate	Great	Very Great	
3. Experienced nurse educators.	1	2	3	4	5	1	2	3	4	5	15, 16
4. The beginning nurse educator herself.	1	2	3	4	5	1	2	3	4	5	17, 18
5. Other beginning nurse educators.	1	2	3	4	5	1	2	3	4	5	19, 20
6. Clerical staff.	1	2	3	4	5	1	2	3	4	5	21, 22
7. Hospital inservice staff.	1	2	3	4	5	1	2	3	4	5	23, 24
8. Nursing unit supervisors and/or staff.	1	2	3	4	5	1	2	3	4	5	25, 26
9. Others. Please specify.											
_____	1	2	3	4	5	1	2	3	4	5	
_____	1	2	3	4	5	1	2	3	4	5	
_____	1	2	3	4	5	1	2	3	4	5	

V. General Concerns

1. On a 10-point scale, how would you rate the current orientation program in your school of nursing? Please circle your response.

Extremely Poor									Exceptionally Good	
1	2	3	4	5	6	7	8	9	10	27, 28

2. Fill in the blank as requested.

a. Ideally, the formal orientation period (prior to the assumption of teaching responsibilities) for beginning nurse educators should be _____ week(s) in length. 29, 30

b. In reality, the formal orientation period for beginning nurse educators in this school of nursing is _____ week(s) in length. 31, 32

c. Ideally, the ongoing orientation of beginning nurse educators should continue for _____ week(s) following the formal orientation period. 33, 34

d. In reality, the ongoing orientation of beginning nurse educators in this school of nursing continues for _____ week(s) following the formal orientation period. 35, 36

VI. Comments

Any comments which you have concerning the orientation of beginning nurse educators and/or this questionnaire would be appreciated.

Thank you for completing this questionnaire - your responses are appreciated.

REQUEST FOR STUDY SUMMARY

Please send a summary of the results of your Study on the Orientation of Beginning Nurse Educators to:

NAME: _____

ADDRESS: _____

CITY: _____

POSTAL CODE: _____

Appendix B

FACULTY OF EDUCATION
DEPARTMENT OF EDUCATIONAL ADMINISTRATION

THE UNIVERSITY OF ALBERTA
EDMONTON, CANADA
T6G 2G5

Dear

As I explained to you be telephone, I am conducting a study on the Orientation of Beginning Nurse Educators. This is being done as part of the requirements for a Masters Degree in Educational Administration at the University of Alberta. The study will address the following areas:

1. orientation needs of beginning nurse educators;
2. practices which may be utilized in the orientation program;
3. identification of those individuals who should be involved in planning orientation; and
4. the length of the orientation.

The group I have chosen for my study is those nurse educators employed in hospital based schools of nursing in Alberta. The questionnaire which I am circulating is color coded by school of nursing which will allow me to provide your faculty with a summary of their perceptions regarding orientation of beginning nurse educators to compare to the overall findings of the study. The questionnaire should take twenty to thirty minutes of their time to complete.

I would like to thank you for your permission to distribute the questionnaires and follow-up letters through your School of Nursing office. I would like to have the questionnaires distributed January 10, 1983 and will drop them off prior to this time. Thank you again for your assistance.

Sincerely,

Janice Sadownyk, R.N. B.Sc.N.

FACULTY OF EDUCATION
DEPARTMENT OF EDUCATIONAL ADMINISTRATION

THE UNIVERSITY OF ALBERTA
EDMONTON, CANADA
T6G 2G5

January 21, 1983

Dear Nurse Educator:

Recently a questionnaire on the Orientation of Beginning Nurse Educators was distributed to you. If you have already completed the questionnaire, I would like to take this opportunity to thank you once again for your assistance. If you have not yet responded, I would request that you do so at your earliest convenience.

I am looking forward to receiving your responses. Thank you for your assistance.

Sincerely yours,

Janice Sadownyk.

Janice Sadownyk, R.N., B.Sc.N.

FACULTY OF EDUCATION
DEPARTMENT OF EDUCATIONAL ADMINISTRATION

THE UNIVERSITY OF ALBERTA
EDMONTON, CANADA
T6G 2G5

February 11, 1983

Dear Nurse Educator:

Several weeks ago you were sent a questionnaire concerning the Orientation of Beginning Nurse Educators. To date, I have received responses from approximately seventy percent of the nurse educators selected to participate in the study. I believe that the quality of the research would be improved if responses were received from more of you. If you are willing to participate in the study and have not yet done so, I would appreciate your completing and returning the questionnaire by February 18, 1983. I have sent additional copies of the questionnaire to your School of Nursing office in case you have misplaced the original.

To those of you who have already sent in your responses, please accept my thanks once again.

Sincerely,

Janice Sadownyk, R.N., B.Sc.N.

Appendix C

APPENDIX C

A COMPARISON OF OPINION REGARDING IDEAL AND ACTUAL EMPHASIS ON ORIENTATION NEEDS BY FREQUENCY AND PERCENTAGE DISTRIBUTION

Need	f						%					
	NR	1	2	3	4	5	NR	1	2	3	4	5
A. General Orientation to the Hospital												
1. Departments and Services												
Ideal	0	1	15	61	21	7	0	1.0	14.3	58.1	20.0	6.7
Actual	1	20	47	31	4	2	1.0	19.2	44.8	29.5	3.8	1.9
2. Employee Benefits												
Ideal	0	4	13	60	20	8	0	3.8	12.4	57.1	19.0	9.6
Actual	1	16	33	41	13	1	1.0	15.2	31.4	39.0	12.4	1.0
3. Personnel Policies												
Ideal	1	1	7	34	35	27	1.0	1.0	6.7	32.4	33.3	25.7
Actual	2	18	42	30	12	1	1.9	17.1	40.0	28.6	11.4	1.0
4. Fire and Safety Procedure												
Ideal	0	0	7	36	35	27	0	0	6.7	34.3	33.3	25.7
Actual	1	7	25	37	23	12	1.0	6.7	23.8	35.2	21.9	11.4
5. Policy and Procedure Manuals												
Ideal	1	1	5	32	43	23	1.0	1.0	4.8	30.5	41.0	21.9
Actual	2	15	47	28	9	4	1.0	14.3	44.8	26.7	8.6	3.8
6. Formal Lines of Communication												
Ideal	0	0	7	46	35	17	0	0	6.7	43.8	33.3	16.2
Actual	1	14	45	28	14	3	1.0	13.3	42.9	26.7	13.3	2.9
7. Nursing Units												
Ideal	0	0	1	11	35	58	0	0	1.0	10.5	33.3	55.2
Actual	1	12	33	30	16	13	1.0	11.4	31.4	28.6	15.2	12.4

APPENDIX C (continued)

Need	f						%					
	NR	1	2	3	4	5	NR	1	2	3	4	5
B. Orientation to the School of Nursing												
1. Orientation												
Ideal	1	1	4	29	36	34	1.0	1.0	3.8	27.6	34.3	32.4
Actual	3	4	25	36	28	9	2.9	3.8	23.8	34.3	26.7	8.6
2. Formal Lines of Communication												
Ideal	0	0	5	30	38	32	0	0	4.8	28.6	36.2	30.5
Actual	4	5	27	36	21	12	3.8	4.8	25.7	34.3	20.0	11.4
3. Physical Layout												
Ideal	0	1	15	48	25	16	0	1.0	14.3	45.7	23.8	15.2
Actual	3	15	31	44	9	3	2.9	14.3	29.5	41.9	8.6	2.9
4. Faculty Job Description												
Ideal	0	0	2	17	38	48	0	0	1.9	16.2	36.2	45.7
Actual	1	10	31	35	18	10	1.0	9.5	29.5	33.3	17.1	9.5
5. Faculty Development and/or Evaluation System												
Ideal	1	0	5	14	49	36	1.0	0	4.8	13.3	46.7	34.3
Actual	1	19	36	32	14	3	1.0	18.1	34.3	30.5	13.3	2.9
6. Faculty Policies												
Ideal	0	0	4	20	41	40	0	0	3.8	19.0	39.0	38.1
Actual	1	15	35	36	16	2	1.0	14.3	33.3	34.3	15.2	1.9
7. Clerical Services												
Ideal	0	1	12	49	32	11	0	1.0	11.4	46.7	30.5	10.5
Actual	1	17	39	35	11	2	1.0	16.2	37.1	33.3	10.5	1.9
8. Committees												
Ideal	0	0	17	56	22	10	0	0	16.2	53.3	21.0	9.5
Actual	1	13	43	32	13	3	1.0	12.4	41.0	30.5	12.4	2.9

APPENDIX C (continued)

Need	f						%					
	NR	1	2	3	4	5	NR	1	2	3	4	5
9. Admission Requirements												
Ideal	0	2	22	45	21	15	0	1.9	21.0	42.0	20.0	14.3
Actual	2	36	45	16	5	1	1.9	34.3	42.9	15.2	4.8	1.0
10. Student Policies												
Ideal	0	0	6	23	43	33	0	0	5.7	21.9	41.0	31.4
Actual	1	8	15	49	24	8	1.0	7.6	14.3	46.7	22.9	7.6
11. Student Services												
Ideal	0	0	16	36	38	15	0	0	15.2	34.3	36.2	14.3
Actual	2	18	41	33	9	2	1.9	17.1	39.0	31.4	8.6	1.9
C. Orientation to the General Curriculum												
1. Conceptual Framework and/or Philosophy												
Ideal	0	0	1	17	31	56	0	0	1.0	16.2	29.5	53.3
Actual	1	6	21	42	19	16	1.0	5.7	20.0	40.0	18.1	15.2
2. General Components of the Curriculum												
Ideal	0	0	1	15	38	51	0	0	1.0	14.3	36.2	48.6
Actual	1	5	18	46	25	10	1.0	4.8	17.1	43.8	23.8	9.5
3. Master Rotation												
Ideal	1	4	10	41	28	21	1.0	3.8	9.5	39.0	26.7	20.0
Actual	2	20	35	30	12	6	1.9	19.0	33.3	28.6	11.4	5.7
4. Promotion Criteria												
Ideal	0	0	3	18	38	46	0	0	2.9	17.1	36.2	43.8
Actual	2	14	23	37	20	9	1.9	13.3	21.9	35.2	19.0	8.6
5. Instructional Resource Services												
Ideal	0	0	2	25	41	37	0	0	1.9	23.8	39.0	35.2
Actual	1	14	40	34	13	3	1.0	13.3	38.1	32.4	12.4	2.9

APPENDIX C (continued)

Need	f						%					
	NR	1	2	3	4	5	NR	1	2	3	4	5
6. Audiovisual Equipment												
Ideal	2	1	12	43	30	17	1.9	1.0	11.4	41.0	28.6	16.2
Actual	1	50	38	15	1	0	1.0	47.6	36.2	14.3	1.0	0
7. Teaching Methods												
Ideal	1	0	4	25	46	29	1.0	0	3.8	23.8	43.8	27.6
Actual	2	35	46	18	3	1	1.9	33.3	43.8	17.1	2.9	1.0
D. Orientation to Their Particular Course or Subject Matter												
1. Course Content												
Ideal	0	0	1	12	35	57	0	0	1.0	11.4	33.3	54.3
Actual	0	12	20	44	21	8	0	11.4	19.0	41.9	20.0	7.6
2. Relationship Between Course and Curriculum												
Ideal	1	0	1	15	40	48	1.0	0	1.0	14.3	38.1	45.7
Actual	0	16	39	25	20	5	0	15.2	37.1	23.8	19.0	4.8
3. Relationship Between Course Content and Clinical Practice												
Ideal	1	0	2	12	38	52	1.0	0	1.9	11.4	36.2	49.5
Actual	0	11	25	38	26	5	0	10.5	23.8	36.2	24.8	4.8
4. Resource Materials												
Ideal	1	0	4	30	43	27	1.0	0	3.8	28.6	41.0	25.7
Actual	1	11	21	40	24	8	1.0	10.5	20.0	38.1	22.9	7.6
5. Community Agencies												
Ideal	1	1	9	37	43	14	1.0	1.0	8.6	35.2	41.0	13.3
Actual	2	24	38	20	19	2	1.9	22.9	36.2	19.0	18.1	1.9

APPENDIX C (continued)

Need	f						%					
	NR	1	2	3	4	5	NR	1	2	3	4	5
6. Student Rotation												
Ideal	1	0	5	39	39	21	1.0	0	4.8	37.1	37.1	20.0
Actual	1	12	28	33	23	8	1.0	11.4	26.7	31.4	21.9	7.6
7. Selection of Content												
Ideal	1	3	2	21	41	37	1.0	2.9	1.9	20.1	39.0	35.2
Actual	0	38	32	23	11	1	0	36.2	30.5	21.9	10.5	1.0
8. Organization of Content												
Ideal	1	2	7	26	33	36	1.0	1.9	6.7	24.8	31.4	34.3
Actual	0	43	38	14	8	2	0	41.0	36.2	13.3	7.6	1.9
9. Selection of Teaching Methodology												
Ideal	0	1	13	27	43	21	0	1.0	12.4	25.7	41.0	20.0
Actual	0	45	37	20	2	1	0	42.9	35.2	19.0	1.9	1.0
10. Clinical Practice Expectations												
Ideal	0	1	1	8	37	58	0	1.0	1.0	7.6	35.2	55.2
Actual	0	14	22	38	17	14	0	13.3	21.0	36.2	16.2	13.3
11. Selection of Patient Assignments												
Ideal	1	1	4	24	39	36	1.0	1.0	3.8	22.9	37.1	34.3
Actual	0	30	39	23	9	4	0	28.6	37.1	21.9	8.6	3.8
12. Documenting Clinical Performance												
Ideal	0	1	2	21	38	43	0	1.0	1.9	20.0	36.2	41.0
Actual	0	33	31	29	8	4	0	31.4	29.5	27.6	7.6	3.8
13. Promotion Criteria												
Ideal	0	0	2	19	40	44	0	0	1.9	18.1	38.1	41.9
Actual	0	14	21	45	15	10	0	13.3	20.0	42.9	14.3	9.5

APPENDIX C (continued)

Need	f						%					
	NR	1	2	3	4	5	NR	1	2	3	4	5
14. Evaluating Clinical Performance												
Ideal	0	1	0	13	38	53	0	1.0	0	12.4	36.2	50.5
Actual	0	19	24	35	19	8	0	18.1	22.9	33.3	18.1	7.6
15. Recording Marks												
Ideal	0	3	21	45	21	15	0	2.9	20.0	42.9	20.0	14.3
Actual	3	21	28	34	13	6	2.9	20.0	26.7	32.4	12.4	5.7
16. Writing Objectives												
Ideal	0	3	16	34	33	19	0	2.9	15.2	32.4	31.4	18.1
Actual	1	53	34	11	4	2	1.0	50.5	32.4	10.5	3.8	4.8
17. Exam Construction												
Ideal	0	3	8	33	33	28	0	2.9	7.6	31.4	31.4	26.7
Actual	0	44	25	17	14	5	0	41.9	23.8	16.2	13.3	4.8
18. Exam Analysis												
Ideal	0	5	16	44	23	17	0	4.8	15.2	41.9	21.9	16.2
Actual	1	47	24	18	12	3	1.0	44.8	22.9	17.1	11.4	2.9
E. Orientation to Interpersonal Relationships												
1. Informal Communication Patterns												
Ideal	0	8	32	36	20	9	0	7.6	30.5	34.3	19.0	8.6
Actual	0	32	44	22	4	3	0	30.5	41.9	21.0	3.8	2.9
2. Confidentiality												
Ideal	1	1	12	28	33	30	1.0	1.0	11.4	26.7	31.4	28.6
Actual	3	23	32	29	12	6	2.9	21.9	30.5	27.6	11.4	5.7
3. Rapport with Students												
Ideal	0	4	17	35	28	21	0	3.8	16.2	33.3	26.7	20.0
Actual	0	46	44	11	3	1	0	43.8	41.9	10.5	2.9	1.0

APPENDIX C (continued)

Need	f						%					
	NR	1	2	3	4	5	NR	1	2	3	4	5
4. Feedback to Students												
Ideal	0	0	8	30	33	34	0	0	7.6	28.6	31.4	32.4
Actual	0	35	41	21	5	3	0	33.3	39.0	20.0	4.8	2.9
5. Counselling Students												
Ideal	0	3	13	31	39	19	0	2.9	12.4	29.5	37.1	18.1
Actual	0	42	40	19	2	2	0	40.0	38.1	18.1	1.9	1.9
6. Student Rights												
Ideal	0	0	4	36	39	26	0	0	3.8	34.3	37.1	24.8
Actual	0	24	26	44	8	3	0	22.9	24.8	41.9	7.6	2.9
7. Relationship Between School and Hospital												
Ideal	0	1	10	32	30	32	0	1.0	9.5	30.5	28.6	30.5
Actual	1	23	21	34	20	6	1.0	21.9	20.0	32.4	19.0	5.7
8. Rapport with Nursing Staff												
Ideal	0	4	15	25	26	35	0	3.8	14.3	23.8	24.8	33.3
Actual	0	38	37	23	5	2	0	36.2	35.2	21.9	4.8	1.9

Appendix D

APPENDIX D

A COMPARISON OF OPINION REGARDING IDEAL AND ACTUAL USE OF

ORIENTATION PRACTICES BY FREQUENCY AND PERCENTAGE DISTRIBUTION

Orientation Practice	f						%					
	NR	1	2	3	4	5	NR	1	2	3	4	5
1. Providing for:												
a. Reduced Workload												
Ideal	0	2	10	32	44	17	0	1.9	9.5	30.5	41.9	16.2
Actual	0	26	26	31	15	7	0	24.8	24.8	29.5	14.3	6.7
b. Released Time												
Ideal	1	4	16	30	39	15	1.0	3.8	15.2	28.6	37.1	14.3
Actual	0	57	24	19	3	2	0	54.3	22.9	18.1	2.9	1.9
c. Assignment of a Mentor												
Ideal	0	1	0	19	37	48	0	1.0	0	18.1	35.2	45.7
Actual	0	39	24	14	20	8	0	37.1	22.9	13.3	19.0	7.6
2. Discussions with:												
a. Other Beginning Nurse Educators												
Ideal	0	1	9	43	34	18	0	1.0	8.6	41.0	32.4	17.1
Actual	0	28	25	35	14	3	0	26.7	23.8	33.3	13.3	2.9
b. Experienced Nurse Educators												
Ideal	0	0	0	21	49	35	0	0	0	20.0	46.7	33.3
Actual	0	23	19	33	21	9	0	21.9	18.1	31.4	20.0	8.6
c. Senior School Administrators												
Ideal	1	3	22	50	25	4	1.0	2.9	21.0	47.6	23.8	3.8
Actual	2	34	32	28	7	2	1.9	32.4	30.5	26.7	6.7	1.9

APPENDIX D (continued)

Orientation Practice	f						%					
	NR	1	2	3	4	5	NR	1	2	3	4	5
d. Immediate Supervisors												
Ideal	2	0	1	33	41	28	1.9	0	1.0	31.4	39.0	26.7
Actual	3	9	17	40	24	12	2.9	8.6	16.2	38.1	22.9	11.4
e. Clerical Staff												
Ideal	2	10	27	45	15	6	1.9	9.5	25.7	42.9	14.3	5.7
Actual	2	32	35	29	6	1	1.0	30.5	33.3	27.6	5.7	1.0
f. Nursing Unit Staff												
Ideal	1	2	7	36	36	23	1.0	1.9	6.7	34.3	34.3	21.9
Actual	1	19	28	38	14	5	1.0	18.1	26.7	36.2	13.3	4.8
3. Attending Faculty Meetings												
Ideal	4	1	5	32	36	27	3.8	1.0	4.8	30.5	34.3	25.7
Actual	5	3	3	24	34	36	4.8	2.9	2.9	22.9	32.4	34.3
4. Assigned Reading of:												
a. School Materials												
Ideal	0	0	1	35	50	19	0	0	1.0	33.3	47.6	18.1
Actual	0	10	15	33	33	14	0	9.5	14.3	31.4	31.4	13.3
b. Reference Materials												
Ideal	1	1	5	38	44	16	1.0	1.0	4.8	36.2	41.9	15.2
Actual	1	14	25	33	20	12	1.0	13.3	23.8	31.4	19.0	11.4
c. Policy and Procedure Manuals												
Ideal	0	0	8	37	39	21	0	0	7.6	35.2	37.1	20.0
Actual	1	17	24	36	16	11	1.0	16.2	22.9	34.3	15.2	10.5

APPENDIX D (continued)

Orientation Practice	f						%					
	NR	1	2	3	4	5	NR	1	2	3	4	5
d. Illustrative Case Studies												
Ideal	0	7	13	29	40	16	0	6.7	12.4	27.6	38.1	15.2
Actual	1	75	19	6	3	1	1.0	7.4	18.1	5.7	2.9	1.0
5. Formal Presentation by:												
a. Experienced Nurse Educators												
Ideal	0	3	8	30	34	30	0	2.9	7.6	28.6	32.4	28.6
Actual	0	51	23	15	9	7	0	48.6	21.9	14.3	8.6	6.7
b. Senior School Administrators												
Ideal	1	11	25	40	19	9	1.0	10.5	23.8	38.1	18.1	8.6
Actual	2	64	19	15	3	2	1.9	61.0	1.81	14.3	2.9	1.9
c. Immediate Supervisors												
Ideal	0	8	13	42	29	13	0	7.6	12.4	40.0	27.6	12.4
Actual	1	56	19	21	7	1	1.0	53.3	18.1	20.0	6.7	1.0
d. Clerical Staff												
Ideal	1	37	34	22	3	8	1.0	35.2	32.4	21.0	2.9	7.6
Actual	1	80	17	5	0	2	1.0	76.2	16.2	4.8	0	1.9
e. Hospital Inservice Staff												
Ideal	0	10	24	39	21	11	0	9.5	22.9	37.1	20.0	10.5
Actual	1	47	32	17	4	4	1.0	44.8	30.5	16.2	3.8	3.8

APPENDIX D (continued)

Orientation Practice	f						%					
	NR	1	2	3	4	5	NR	1	2	3	4	5
6. Observation of Experienced Nurse Educators												
Ideal	0	1	2	24	36	41	0	1.0	1.9	22.9	34.3	40.0
Actual	0	30	29	24	13	9	0	28.6	27.6	22.9	12.4	8.6
7. Teaching with Supervision												
Ideal	0	1	6	28	37	33	0	1.0	5.7	26.7	35.2	31.4
Actual	0	353	31	23	8	8	0	33.3	29.5	21.9	7.6	7.6
8. Working on Nursing Units												
Ideal	0	2	9	22	35	37	0	1.0	8.6	21.0	33.3	35.2
Actual	1	21	31	25	16	11	1.0	20.0	29.5	23.8	15.2	10.5

Appendix E

APPENDIX E

A COMPARISON OF OPINION REGARDING IDEAL AND ACTUAL INVOLVEMENT OF INDIVIDUALS IN PLANNING THE ORIENTATION BY FREQUENCY AND PERCENTAGE DISTRIBUTION

Individual	f						%					
	NR	1	2	3	4	5	NR	1	2	3	4	5
1. Senior School Administrators												
Ideal	3	2	14	48	26	12	2.9	1.9	13.3	45.7	24.8	11.4
Actual	4	14	24	34	16	13	3.8	13.3	22.9	32.4	15.2	12.4
2. Immediate Supervisors												
Ideal	3	1	0	9	50	42	2.9	1.0	0	8.6	47.6	40.0
Actual	4	7	6	28	39	21	3.8	6.7	5.7	26.7	37.1	20.0
3. Experienced Nurse Educators												
Ideal	4	1	2	22	49	27	3.8	1.0	1.9	21.0	46.7	25.7
Actual	8	19	35	22	16	5	7.6	18.1	33.3	21.0	15.2	4.8
4. Beginning Nurse Educator												
Ideal	6	2	7	29	31	30	5.7	1.9	6.7	27.6	29.5	28.6
Actual	8	25	26	21	16	9	7.6	23.8	24.8	20.0	15.2	8.6
5. Other Beginning Nurse Educators												
Ideal	7	8	19	35	25	11	6.7	7.6	18.1	33.3	23.8	10.5
Actual	9	35	28	22	9	2	8.6	33.3	26.7	21.0	8.6	1.9
6. Clerical Staff												
Ideal	6	30	39	23	4	3	5.7	28.6	37.1	21.9	3.8	2.0
Actual	8	57	31	8	1	0	7.6	54.3	29.5	7.6	1.0	0
7. Hospital Inservice Staff												
Ideal	5	18	24	37	14	7	4.8	17.1	22.9	35.2	13.3	6.7
Actual	7	47	28	17	2	4	6.7	44.8	26.7	16.2	1.9	3.8
8. Nursing Unit Personnel												
Ideal	5	11	26	36	18	9	4.8	10.5	24.8	34.3	17.1	8.6
Actual	7	44	27	20	5	2	6.7	41.9	25.7	19.0	4.8	1.9

Appendix F

APPENDIX F

A COMPARISON OF CURRENT ORIENTATION PROGRAMS WITH THE IDEAL ORIENTATION PROGRAM

Program Aspect	Questionnaire Color White	Yellow	Blue	Pink	Overall Findings Ideal N=105
A. Orientation Needs					
1. General Orientation to the Hospital					
Greatest Emphasis	Nursing Units Fire and Safety Procedures	Fire and Safety Procedures Policy and Procedure Manuals	Fire and Safety Procedures Employee Benefits	Nursing Units Fire and Safety Procedures	Nursing Units Fire and Safety Procedures
Least Emphasis	Departments and Services Employee Benefits* Personnel Policies*	Nursing Units Departments and Services	Policy and Procedure Manuals Personnel Policies* Nursing Units*	Departments and Services Formal Lines of Communication	Employee Benefits Departments and Services
2. Orientation to the School of Nursing					
Greatest Emphasis	Student Policies Organization	Organization Student Policies	Student Policies Formal Lines of Communication	Organization Formal Lines of Communication	Faculty Job Description Faculty Development and/or Evaluation System* Faculty Policies*

*Tied Scores

APPENDIX F (continued)

Program Aspect	Questionnaire Color White	Yellow	Blue	Pink	Overall Findings Ideal N=105
Least Emphasis	Admission Requirements Student Services	Faculty Development and/or Evaluation System* Admission Requirements*	Admission Requirements Faculty Development and/or Evaluation System	Admission Requirements Faculty Development and/or Evaluation System	Committees* Admission Requirements
3. Orientation to the General Curriculum					
Greatest Emphasis	Promotion Criteria General Components of the Curriculum	Conceptual Framework General Components of the Curriculum	Conceptual Framework General Components of the Curriculum	General Components of the Curriculum Conceptual Framework	Conceptual Framework General Components of the Curriculum
Least Emphasis	A.V. Equipment Teaching Methods	A.V. Equipment Teaching Methods	A.V. Equipment Teaching Methods	Teaching Methods A.V. Equipment	A.V. Equipment Teaching Methods

*Tied Scores

APPENDIX F (continued)

Program Aspect	Questionnaire Color White	Yellow	Blue	Pink	Overall Findings Ideal N=105
4. Orientation to Their Particular Course or Subject Matter Content					
Greatest Emphasis	Course Content Promotion Criteria	Clinical Practice Expectations Resource Materials* Exam Construction*	Relationship Between Content and Clinical Practice Recording Marks	Resource Materials Student Rotations	Clinical Practice Expectations Course Content
Least Emphasis	Exam Construction Writing Objectives	Organization of Content* Selection of Teaching Methodology*	Selection of Teaching Methodology* Writing Objectives*	Organization of Content Selection of Teaching Methodology	Recording Marks Exam Analysis
5. Orientation to Interpersonal Relationships					
Greatest Emphasis	Relationship Between School and Hospital Student Rights	Student Rights Relationship Between School and Hospital	Relationship Between School and Hospital* Rapport with Students* Confidentiality*	Relationship Between School and Hospital Rapport with Students* Confidentiality*	Feedback to Students Student Rights

*Tied Scores

APPENDIX F (continued)

Program Aspect	Questionnaire Color White	Yellow	Blue	Pink	Overall Findings Ideal N=105
Least Emphasis	Counselling Students Feedback to Students	Counselling Students Rapport with Nursing Staff	Counselling Students Feedback to Students	Informal Communication Patterns Feedback to Students	Informal Communication Patterns Rapport with Students
B. Orientation Practices					
Greatest Use	Attending Faculty Meetings Working on Nursing Units Reading of School Materials	Attending Faculty Meetings Reading of School Materials Discussion with Immediate Supervisors	Attending Faculty Meetings Discussion with Immediate Supervisors Discussion with Experienced Nurse Educators	Attending Faculty Meetings Working on Nursing Units Reading of School Materials	Assignment of a Mentor Discussion with Experienced Nurse Educators Observation of Experienced Nurse Educators
Least Use	Presentations by Clerical Staff Reading of Illustrative Case Studies Presentations by Senior School Administrators	Presentations by Clerical Staff Released Time Reading of Illustrative Case Studies	Reading of Illustrative Case Studies* Presentations by Clerical Staff Presentations by Experienced Nurse Educators	Presentations by Clerical Staff Reading of Illustrative Case Studies Released Time* Presentations by Hospital Inservice Staff*	Presentations by Clerical Staff Discussion with Clerical Staff Presentations by Senior School Administrators

* Tied Scores

APPENDIX F (continued)

Program Aspect	Questionnaire Color White	Yellow	Blue	Pink	Overall Findings Ideal N=105
C. Individuals Involved in Planning the Orientation					
Greatest Involvement	Immediate Supervisor Experienced Nurse Educator Beginning Nurse Educator	Immediate Supervisor Senior School Administrator Experienced Nurse Educator	Senior School Administrator* Immediate Supervisor* Hospital In-service Staff	Senior School Administrator Immediate Supervisor Beginning Nurse Educator	Immediate Supervisor Experienced Nurse Educators Beginning Nurse Educator
Least Involvement	Clerical Staff Hospital In-service Staff Nursing Unit Personnel	Clerical Staff Hospital In-service Staff* Nursing Unit Personnel*	Clerical Staff Nursing Unit Personnel Experienced Nurse Educator	Clerical Staff Hospital In-service Staff Nursing Unit Personnel	Clerical Staff Hospital In-service Staff Nursing Unit Personnel
D. General Concerns					
1. Rating of Current Program	5.84	3.76	3.00	3.48	
2. Length of Formal Orientation in Weeks	3.19	1.90	1.63	1.89	4
3. Length of Ongoing Orientation in Weeks	8.30	2.60	12.60	3.90	5-16

*Tied Scores